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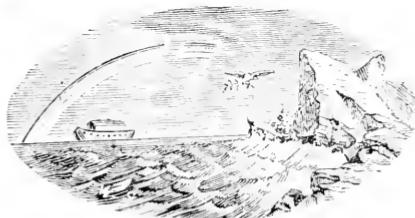
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Reducing the type of the JOURNAL this year, is equivalent to adding seven or eight pages, which, with prepayment of postage, materially increases the expense of publication, hence we trust the *bills mailed with this number* will be promptly remitted. While the sums are of trifling importance to each one, the aggregate amount is all important to us.

THE SAINT LOUIS  
Medical and Surgical Journal.

AUGUST, 1876.

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Original Communications.

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*TREATMENT OF MALARIAL FEVER.*

By "THEN AND Now."

---

The older physicians who remain in practice in the Mississippi Valley, well remember how malarial fevers were treated thirty years ago ; and how long that course of treatment required to arrest the disease and restore the patient to his normal condition.

When we were called thirty years ago to see a patient in a malarial region, and found him with hot skin, pulse 120 or more, full and bounding, headache, thirst, coated tongue, constipation, pains in the limbs, etc.—the fever having been preceded by a more or less distinct chill, declining appetite and general *malaise* for several days previous—we diagnosed *bilious fever*, and proceeded to reduce the fever by venesection, a cathartic containing some preparation of mercury, commonly calomel, prior to giving which, it was the practice of many to give an emetic, following it with the cholagogue cathartie, and follow this with the nitrous powder, *i. e.*, nitrate of potash with ant. et pot. tart., as much as the stomach would endure ; in addition to these remedies a ten-grain dose of calomel was generally given every six hours, until

its believed specific effect was secured, viz. : copious dark jelly-like stools or tenderness of the teeth. This usually took four or five days, during which time *no cold drinks* were allowed, and only the lightest possible diet, toast-water, gruel or rice-water ; to compose the patient at night a Dover powder or two might be given. If the fever continued, as it usually did, in a partially subdued form, it was suspected to be due to some lurking local inflammation commonly detected by pressure at the margin of the ribs over the liver, or in the track of the intestines, which was the indication for a blister over the tender region—doubtless often rendered tender by the drastic purgatives given early in the attack.

The surface now too sore for more palpation to detect the tenderness, if any, the system reduced by the treatment and starvation, the point for tonics, and possibly for quinine, had arrived, and they were ventured upon timidly, the character of the pulse being the source of doubt, which we now believe to have been accelerated and kept up by the eachexia induced by the treatment. This plan of treatment usually resulted in disabling the patient for business for three or four months, gave the doctor a round fee and much reputation for “ skill in fevers,” as he saved the patient’s life.

Thus would we sketch the common form of bilious remitting fever as it prevailed in malarial regions, and the method of treating it, thirty years ago. From this picture let us turn to the one being constructed in our day, for we cannot claim yet to have attained all that is possible, although a great advance has been achieved.

Being called now to an adult patient with hot skin, quick pulse, 120 or above, full and strong, headache, thirst, tongue coated, constipation, no appetite, pain in the back and limbs more or less, bitter taste in the month, general *malaise*, with several chilly sensations followed by flashes of heat for a day or two previous, we diagnose bilious remitting fever, particularly if it is in the latter part of summer or early autumn. The indications for treatment as at this time interpreted would be, to reduce the force and frequency of the pulse, to clear the *primæ viæ* of its contents,

reduce the temperature, and antidote the poison ; to accomplish these ends, of course, physicians will differ in the choice of means, as they may happen to be partial to this or that remedy from personal experience ; but they will not differ materially as to the indications to be met. While thirty years ago we practiced much as indicated above, now, in the supposed case we would direct from three to five drops of tr. veratrum viride together with five grains of nitrate of potassium, every three hours, the veratrum to be decreased or suspended when the pulse comes down to *near* the normal standard.

We prefer the veratrum to aconite or digitalis in these cases, for the reason that if you give enough of aconite to influence the pulse, it is by its paralyzing effect on the heart it acts ; hence, if carried a little too far it may prove fatal, and it is difficult, if not impossible, to regulate the dose so as to affect the pulse just to the extent you desire without risk of paralysis of the heart. We apprehend that in the great majority of cases in which aconite is given, it does next to nothing, for the reason here referred to, and you cannot resuscitate your patient with stimulants as in the case of veratrum. We know of but one death on record from an overdose of veratrum where teaspoonful doses of Norwood's tincture were given, while there are many cases of poisoning with aconite ; and digitalis does not fill the indication as it gives force to the pulse at the same time it slows it. Veratrum with nitrate of potash during the febrile exacerbation of all intermittents, assists materially to cut short this stage ; we know of no remedy or combination of remedies so valuable, so simple and innoxious.

But we must return from the digression. We may give a dose of ext. col. comp. with podophillin ; if this should not act sufficiently, the following day we may prescribe solution of citrate of magnesia with sal rochelle ; sponge the body off with cool water to reduce the temperature and watch for a remission of the fever or relaxation of the surface, when we give from two to five grains of quinine, cinchonidia or other antiperiodic, following it up every two or three hours, expecting thereby to aid in procuring a clear intermission in which we are seldom disappointed. All the while the patient is treated to cold drinks, acidulated if desired. The nitrate of

potassium prompts as a diuretic, which, with free supply of drinks, usually restores the secretion of urine ; the veratrum acting as a diaphoretic and sedative restores the action of the skin. The quinine antagonizing the malarial poison, the nervous centers are relieved, the case loses its feature of periodicity.

Here we may suggest that in the region opposite the city of St. Louis, where malaria abounds and is intensely active, we have witnessed every variety of periodical effect ; in some cases the cool stage or intermission occurs twice in the twenty-four hours, once every day, second day or third day ; the congestive or cool stage being so slight as to be hardly perceptible, or so intense as to suspend life in an hour or two ; with liver and spleen enlarged, particularly the latter (except perhaps in the case of pure Africans, in whom we have never seen the spleen so much enlarged). We repeat that these cases assume the widest possible range, yet have the feature in common of some kind of periodicity due to the common cause—malarial poisoning ; hence the antidote to this poison, quinine in quantities adapted to the case, is the one indispensable remedy. For want of its timely and judicious use hundreds of thousands of lives have been sacrificed in this Mississippi Valley, and by its timely use latterly, millions of *dollars*—the value of time—saved, and untold suffering prevented, and tens of thousands of lives saved.

Not to digress farther, but to resume the course of treatment above indicated, as in general favor at present, not an unimportant feature is the early exhibition of restoratives in the way of nourishments, simple animal broths, with some variety of light, nutritious, digestible articles, respecting the patient's preference as far as consistent. This course judiciously varied to suit individual cases, our patients are out of bed in three or four days and quite able to resume their work in a week's time ; the doctor dismissed with a small fee—if any—and “they were not much sick any way.”

Now on the money question our homœopaths “are wiser than the children of light,” for they manage on the expectant-do-nothing plan (except the quinine they smuggle in), to hold their patients in hand two or three weeks at least, and by furnishing the sugar

and aconite themselves, which costs next to nothing, they save their patient's drug bill, or rather add that to their own fee, and thus fix up a respectable bill for a case of bilious fever; while the "regular's" fee has become a mere bagatelle, and the corps of physicians may be reduced by one-half, and then find it hard to make a living.

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#### *PSEUDO-MEMBRANOUS CROUP.*

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On Tuesday, February 1, I was requested to visit Eddy A., age five months. On my arrival at 11 o'clock A. M., I was informed that the child had been taken ill at 2 o'clock that morning. Found him restless, breathing with great difficulty and frequently, interrupted with attacks of coughing of a clearly croupal nature. Thinking it merely a prolonged attack of spasmodic croup, I at once proceeded to administer a thorough emetic of syrup ipecacuanhae. Placing warm applications to the throat, the child apparently breathed easier, when having other urgent duties, I left, promising to return in a few hours.

5 P. M.—No improvement, increased difficulty of breathing, cough metallic, child extremely restless and irritable. I saw this was no ordinary case, but one typical of *membranous croup*. Ordered ice to the throat, and inhalations of the vapor of slackening lime.

Wednesday, 2d, 9 A. M.—No better. Patient so restless it is impossible to examine the throat internally, but the respiration gives every evidence of a gradual formation in the larynx and trachea. Child cannot breathe at all unless under the influence of the vapor of lime.

11 P. M.—No improvement. He has not moved for twenty-four hours. Pulse small, weak and rapid. Ordered milk to be drawn from the mother's breast and given him from a teaspoon. Continued treatment.

Thursday, 3d, 5 p. m.—Breathing still labored, but has swallowed considerable milk which has apparently kept up his strength. Continued treatment, with strong capsicum and turpentine liniment to the throat. Remained with patient several hours and left promising to return in the evening.

9 a. m.—Hope seems almost to have fled. The household report Eddy to be dying. I find him to be laboring for every breath. Directed a continuance of the ice, and, as it is impossible for him to breathe without it, still kept him under the influence of lime vapor. Gave directions for potas. bromide gr. ij, to be administered every six hours.

2 p. m.—Strong evidence of asphyxia; bluish lips, distended veins and dusky hue of countenance. With a view to produce a determination to the skin and thorough relaxation, I prescribed:

R. Inf. sanguinaria, f 3 j.  
Inf. lobelia, f 3 ij.

M. S. Teaspoonful every two hours.

Still continue to feed him with a spoon.

4 p. m.—Body bathed in perspiration. Respiration the same. Continued treatment and applied a blister of cantharides to each side of the larynx, directing the nurse to remove it as soon as “drawn.”

9 p. m.—Patient still alive. Blister well formed. Respiration seems to be growing more difficult. I determine to remain with the patient till the last. About eleven o’clock the nurse in renewing the lime under the blankets beneath which the child is kept, permitted the dry air to enter, which seemed to cause almost an entire stoppage of respiration. He made numerous vain efforts for breath, a gurgling sound was heard in the throat, the face became purple and he seemed indeed to be dying. Without losing time I snatched him from his mother, turned him on his face, inserted my finger as far down as the larynx, when forcible effort at vomiting ensued, and a large quantity of very tenacious mucus was removed together with some shreds and small flakes of membrane. After this he breathed differently. There was no longer that dry sibilant respiration, but a moist, flapping, indicating the loosening and disintegration of the membrane. He

seemed quieter and slept for two hours—more than he had taken before for two days and nights.

Friday, 4th, A. M.—Have some hope. Respiration is still easier. Membrane is undoubtedly dissolving. Has vomited several times large quantites of mucus with shreds and small patches of membrane. Bowels open.

3 P. M.—Still continues to cough up and vomit membranous shreds. Temperature lowering. Nurses heartily.

Saturday, 5th.—Rapidly improving. Stop the medicine, but continue the lime vapor.

Sunday, 6th.—Respiration natural. Sleeps soundly and naturally more than half the time. Is very weak from the terrible ordeal through which it has passed. Lime vapor is discontinued, and the atmosphere of the room kept moist by an open vessel of water on the stove.

From this time his improvement was rapid, and at the present — two months from the attack—he is well and growing finely.

There are some points of interest connected with this case which it is well to mark :

First. The relief obtained from the use of lime vapor.

Second. The gradual dissolving and slow removal of the membrane.

This last I hold to be greatly, if not entirely, due to the continued use of the vapor of lime. The application of this remedy was kept up for five days and nights with scarcely a minute's intermission. If it was discontinued for even a minute suffocation seemed almost inevitable. Time and again the mother entreated me to perform tracheotomy, and give her darling breath, but knowing full well the uncertainty of the operation I chose rather to trust to my remedy; did so and saved my patient. I think, during the time, that at least a barrel of unslacked lime was used.

From this case, and other experience, I am led to consider lime an efficient remedy in this terrible disease. The success obtained from it depends upon its continued and persistent use.

[The name of the author of the above report having been misplaced, it will be given in the next number after it is learned.]

## Correspondence.

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LETTER FROM BROOKFIELD, MO.

*Messrs. Editors:*

Having carefully read the proposed medical law, looking to the establishment of a State Board of Examiners, and also your valuable editorials, and believing that they have the ring of the true metal, and that there is now a prospect of something being accomplished, we think that suggestions are in order and should be freely made by all lovers of progress.

That the medical profession as it now stands offers no more inducements to young men to enter its ranks than charlatanism, is apparent to the most casual observer. And if we would bring about a reform, it must be by an efficient law. This has been the experience of other countries and must be the same with us. Learned dissertations on medical education by society committees and journalists can never accomplish the work ; their function is only to educate the profession and public to the point where wholesome laws can be passed and executed.

The existing law was "still born," from not defining who were entitled to register. Now if we have another, let it be efficient, doing the work at once. If possible let the negation in the 13th section of the proposed law be stricken out, and let all be put upon their merits. Why refuse young men, who are not qualified, a certificate, and allow old ones, equally ignorant, to continue their deceptions ? Are they better by having grown old in sin ? A community is in infinitely more danger from an old quack than a young one. If a teacher of common schools fails to pass a satisfactory examination, off goes his head, though he may have been teaching for years, and he is compelled to change his occupation. Is the practice of medicine and surgery less responsible ?

It is urged that such a law can not be passed. If the attempt is not made it certainly will not be. The time for concessions is

after it is certain that nothing better can be done. There should also be a grade of proficiency clearly defined or it may be claimed, and that not without a show of reason, that the requirements for a State certificate are not higher than those of the schools, for the doctorate and professors in medical colleges should be disqualified for the position of examiners, not that they are more likely to do wrong than other men, but even the appearance of evil should be avoided. If every physician in the State who is desirous of having a good law for the regulation of the practice of medicine and surgery would only consider himself a special committee, to wait on the representative of his county this fall, urging the necessity of such a law, there is little doubt but success would be secured.

DRS. ROBERTS & BRYAN.

July 16th, 1876.

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PRELIMINARY EDUCATION.

PORTRLAND, MAINE, June 24, 1876.

*To the Editor of the Medical Record :*

Dear Sir :—Some weeks ago you approvingly mentioned the rule of the Portland School for Medical Instruction, which requires every applicant for admission to undergo an examination in common English branches, unless he can furnish documentary proof of his graduation from at least a respectable academy. Last week the school year began ; and, while one-quarter of the students were college graduates, and another quarter had fitted for college, a number of new applicants presented themselves who were obliged to submit to the examination. This was of a very elementary character, consisting of questions in arithmetic (interest, reduction, proportion, fractions), geography and grammar, the candidates' knowledge of the last study being tested by their ability to correct a badly spelled, constructed and punctuated passage. Simple as the exercise was, a third of those who attempted it were at once rejected.

Let me give you a few samples of the answers. One man named "the States bordering on the Atlantic in regular order

from North to South," as follows: "Maine, New Hampshire, Massachusetts, Rhodeisland, Conncticut, New York, Delaware, Vergenia." Of the sixteen counties in Maine (his own State), he gave "Cumberland, Nox, Linecon, Aroostoc, Sagadahoc, Somerset." He could not name a single city of continental Europe—in fact, he did not know what "continental" meant—and he had no idea of the location of the Niagara River. He failed on arithmetical problems which most boys of twelve would solve in ten minutes, and the following are fair samples of his spelling:—"Medicle, som, comon, arithmatic, spelng, necessary, daley, disgrace."

This was thought to be the worse possible display, until the inspection of a set of papers which showed that the writer of them not only knew almost nothing of arithmetic and geography, but did not comprehend the meaning of ordinary English words. Here are some examples of his cacography:—"Acknoledg, verey, desireable, possesed, peliminary, edducation, enny, knowledg, clasicts, bleive, Lattin, admitt, arethmetic, nessesary, phycian, capeable, writeing, accerately, daly, desgrace, medisene."

I am aware that it is often objected that an examination of this kind does not gauge a man's capacity for medical work; that some excellent practitioners are abominable spellers, and that many a bright and learned man would shrink from an examination in geography and simple mathematics. I admit that some good physicians are heterographic prodigies. Only the other day a worthy surgeon of my acquaintance, in recording an injury between the hip and knee, wrote that the patient had his "thy jambed." But while such phonetic atrocities may be pardoned on the score of natural inaptitude at one of the most arbitrary and perplexing branches of study, it is fair to insist that, if a man can not re-learn the most of the forgotten geography and arithmetic of his boyhood in a few days, his mental endowments are not sufficient to warrant any one in encouraging him to enter upon the study of medicine. The deplorable exhibition of ignorance at the examination which I have mentioned compels the belief that there are in most of the medical schools large numbers of students who are utterly unprepared to appreciate what is said to

them; for any man can enter almost any school in the country on payment of the required fees, without a question as to his attainments or ability. As a result of this the professors must either talk unintelligibly to a considerable proportion of their auditors, or else, by adapting their instruction to the understanding of the averaging student, do less than justice alike to their topics and the better class of their pupils.

An entrance examination which requires so inconsiderable an amount of knowledge and training as this in Portland, is certainly nothing to boast of, and I write to you about it not because we consider its existence particularly creditable or worthy of note, but because, as you have shown so much interest in everything pertaining to medical education, I thought you would like to know definitely some of the results of a genuine effort to investigate the qualifications of the men who undertake the study of medicine. You will be pleased to learn that there is a determination on the part of the instructors in the school to rapidly advance the standard of preliminary requirements, and, on and after 1878, to insist upon the elements of Latin and natural philosophy.

Yours very truly,                           FREDERIC HENRY GERRISH.  
—*The Medical Record.*

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## Proceedings.

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### ST. LOUIS MEDICAL SOCIETY.

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ST. LOUIS, April 22, 1876.

Dr. Hurt presented a liver from a patient recently dead in the City Hospital, with this history:

James Jell, aged 23, a native of Missouri, was admitted into Hospital April 10th, and died April 20th.

The patient gave no history of a hereditary predisposition of any kind, and until August, 1875, his health had been generally good. Was in the habit of drinking occasionally, but never to excess. Has lead a quiet life and never had venereal diseases of any kind. Had an attack of typhoid fever in August last, and has never been quite well since, but had no very marked symptoms, until about five weeks before admission, when he began to cough and expectorate a thick yellowish-looking matter, and since then his health has rapidly declined.

The patient says he has several times had a lump or swelling in his right side, which always disappeared in a few days, without giving him any trouble. But nine days ago the swelling in his side returned and has been gradually increasing in size ever since, and now it fills nearly one-half the abdomen. Some of the superficial veins over the surface of the tumor appear to be considerably enlarged and distended with blood, and yet there is no tenderness on pressure.

The patient is very much emaciated, and has the general appearance of a man with phthisis of several years' standing. There is dullness on percussion over both sides. Auscultation reveals scarcely any respiratory murmur at all. Over the whole of the left side is heard a harsh or rough and prolonged expiratory and inspiratory sound.

The patient was put upon quinine, iron and cod liver oil, with a soothing expectorant for his cough.

For the first few days there was very little change in the symptoms. He then began to be more restless, and had an anxious expression of his countenance, and on the 18th, complained of frequent sensation of chilliness, followed by fever, terminating in cold sweats. For two or three days before the chills set in, he complained of so much pain in the region of the liver, that he could not sleep without an opiate, which was given him at night.

On the 19th, in addition to the pains in the right side, there is also pain in the right arm and shoulder, but there is no jaundice. On the 20th the patient died, and an autopsy, which was made on the morning of the 21st, revealed some effusion into

the left pleura, which was found to be adherent to the walls of the chest. The right lung was almost entirely disintegrated and filled with pus, there being but a very small portion of the lung tissue remaining.

The liver was found to be greatly enlarged, and situated in the right lobe was found an abscess containing nearly one-half a wooden bucketful of pus, and was adherent to the wall of the abdomen.

Dr. Winston, of Jefferson City, being introduced, reported two cases of hepatic abscess he had met with. The abscesses were opened and the patients recovered. In both cases the patients had been spare, but after their illness they grew fleshy.

Dr. Coles thought that, in the absence of any other cause, typhoid fever might be suspected as an originating cause of abscess of the liver. It had been noticed that the latter sometimes follows typhoid fever, and it is reasonable to suppose that poisons are taken from the intestines and carried by the portal system into the liver, and become foci of local inflammation.

Dr. Johnson said true typhoid fever rarely occurs in malarial districts, and in cases where it was found, he believed, with Dr. Kennard, that the liver was, as a rule, not involved. He also referred to the influence of locality on typhoid fever.

Dr. Briggs thought this a most important subject. Typhoid fever in St. Louis is often marked by preceding malaria, and a diagnosis at first is most important. The sanitary condition of a place is important in considering danger from typhoid fever, as is shown by the history of certain parts of Boston and other large cities where the sewerage has proved inefficient.

Dr. Gregory believed with Dr. Cole that the products of inflammation in the intestines, during typhoid fever, may be carried to, and produce abscess in the liver. It was also unnecessary, in reporting a case of hepatic abscess, to say that the patient gave no history of syphilis. He had always contended that pus in the liver is never the result of syphilis.

Dr. Winston endorsed this. His cases had developed no typhoid tendency, nor had he ever found abscess of the liver after typho-malarial fever.

Dr. Hurt explained that they made it a rule, at the City Hospital, to examine in all cases and report as to whether or not a patient had had syphilis. In the case reported there had been so much disease of the adjacent lung as to almost mask the hepatic symptoms.

Dr. Kennard thought an abscess of the liver might always be distinguished from phthisis; where there was an intra-mural abscess the diagnosis was more difficult.

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[For several meetings following, the report, already published, of the committee appointed to consider what restrictions are necessary in the administration of anæsthetics, was the order of discussion.]

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ST. LOUIS, May 20th, 1876.

Dr. Lutz, office 2000 Carondelet Avenue, was elected an associate member.

Dr. Edward Montgomery, being about to leave the city on account of ill-health, tendered his resignation as an associate member.

Dr. Newman said that it was with regret that he bade Dr. Montgomery farewell, and recalled the Doctor's zeal and earnestness in his labors in and for the profession, and the many years in which he had done good service in this Society. He would be long missed and well remembered by his fellow members. Dr. Newman moved that the resignation be accepted, and that Dr. Montgomery be made an honorary member. The President endorsed the remarks, and the motion prevailed.

Dr. Mudd presented a specimen showing ankylosis of the knee-joint in which the patella was united by ossific deposits to the femur. Nine years before, the man had received a stab in the knee-joint above the patella; consequent inflammation resulted in the destruction of most of the cartilage and the ankylosis as described, rendering the limb useless. The head of the tibia and fibula were thickened and the spongy part almost absorbed. The man used crutches and becoming one day intoxicated, fell and sustained a compound fracture of both tibia and fibula at the

middle part. The second day the limb was amputated above the site of injury. Patient lay in a close, filthy room, but passed a good night. The next day the stump was found to be gangrenous. The patient was prostrated and nauseated. A circular re-amputation above the knee was done and moist dressings applied. In the evening a blue point over the trochanter major was noticed and the buttock was swollen ; in twenty-four hours more, gangrene beginning at this point, had extended to the tenth vertebrae—as high as the eleventh rib, and to the ensiform cartilage. Patient died soon after ; the stump was good.

Dr. Wm. Johnston reported a case in which he believed severe neuralgia of the pneumo-gastric nerve and pain in the leg was produced by the continued use of chloral.

Dr. Spencer presented a fibroid tumor removed from the lobe of a patient's ear and read notes suggesting that growths of this kind resulted in many cases from irritation from impure material in the ear-ring worn, and were formed by the organization of the exudation of inflammation.

Dr. Steele reported a case of acute rheumatism successfully treated with salicylic acid, and one of sciatica of long standing cured by the application of the continued current.

Dr. McPheeters reported a case of obstinate vomiting from pregnancy in which all other treatment having failed, he attempted to bring on an abortion, by dilating the cervix uteri and rupturing the membrane. There was but little discharge, but six weeks after, the patient was delivered of a foetus partly decomposed. The vomiting in the meantime had stopped. When it became a question whether the child or the mother was to be sacrificed to save the other, he would always attempt to save the mother.

Dr. Newman said it had been reported that dilatation without rupture of the membranes would relieve the nausea in such cases. He thought if the rupture took place abortion would surely follow, but the uterine sound might pass up between the walls of the uterus and the membranes. He reported several cases in support of this assertion. In the case reported by Dr. Johnston he thought the chloral was not responsible for the pain, but that the remedy may have become useless or the pain may have been imaginary, as is sometimes the case with the opium eater.

## Hospital Reports.

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### CITY HOSPITAL.

Assistant Physician, E. W. EMAMUEL.

#### CASE I.—*Vesico- or Urethro-Femoral Fistula.*\*

J. M.; age 27; nativity, Mississippi. His immediate and remote ancestors remarkably healthy and long-lived; was himself remarkably healthy and robust up to July, 1863, when he was attacked with dysentery, which assumed a chronic form, lasting about ten months.

In May 1864, while still suffering with dysentery, traveled on foot a distance of about twelve miles, arriving at his destination about 11 p. m.; ate a hearty supper, and retired feeling comparatively well; attended school next day, and while playing ball, was struck on the left leg just below knee—was knocked down and fell into a ditch about six feet deep, head foremost; was taken out in an unconscious condition, but soon revived and went to school on the following morning, although feeling dull, drowsy and feverish; received a whipping at school on account of dullness; was compelled to leave before school was out; about two squares from the school-house sat down to rest, and before aware of it, fell asleep; doesn't know how long he slept; was awakened, by some ladies passing, on account of the dampness of the ground which had been occasioned by a hard rain that day. When aroused had a burning fever, was unable to get up and walk, not from pain in lower extremities, but because he had no use of them at all; a wagon coming along conveyed him to his home. Next morning got up to breakfast, but was taken so sick that he had to go back to bed; a day or two afterwards experienced excruciating pain in the lower extremities mostly confined to thighs, the upper extremities not being affected at all—this condition con-

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\* [Though in type with the case of Dr. Todd's, this case was crowded out of our last number.]

tinued for about nine months; was unable to move himself and was compelled to lie on his back all the time, as the least motion gave most intense pain. About nine months after the beginning of this attack an abscess formed on the left thigh in its upper third anteriorly; this was lanced and healed; after it healed another formed right opposite on the same limb, which was also lanced and healed; a third one appeared in the lower third anteriorly; this also healed up after lancing; after this, had no further trouble with left limb, it was then transferred to the right limb, and an abscess, in almost a similar spot to the first that appeared on the left thigh, now made its appearance upon the right thigh, was lanced, and seemingly healed up; another then formed in perineum, was lanced and external opening closed; urine would gravitate to that point, and it would have to be let out by an opening through the skin; this condition kept up for a year, when, gradually, it disappeared and that point completely healed up. Then at the first point on the right thigh, there formed another abscess which was lanced and seemingly healed again; another then appeared on opposite side of thigh, then one in groin; after this there formed at different times, in different parts of thigh and leg, abscesses altogether to the number of eighteen, all single. After all had healed, in 1870 the first was again opened and has remained open ever since; in a very short time afterwards, urine came through this opening and has so continued to do up to the present time. In 1866, patient went to Hot Springs, Arkansas, unable to walk without aid of crutches, and with false ankylosis of knee; after remaining there three months, using the baths constantly, was relieved of the ankylosed condition of the knee, and with general health very much improved, was able to throw away both crutches; while there, he passed a speculum of bone through urethra, which was followed by a copious discharge of pus and blood. Since 1869 there has constantly passed through the fistulous opening in femur, necrosed bone; and at present necrosed bone can be plainly felt by probing, though the feeling is that of a calculus and it is probable that the bone is encrusted. A single attempt with an imperfect instrument has not succeeded in bringing away particles

for examination. On a chemical examination of urine, find a large quantity of pus and albumen and small quantity of blood. The microscope reveals pus globules in great quantity. Has also mitral regurgitant bruit over heart. One of the strange features of the case is the remarkable degree of good general health patient has enjoyed until within the last three or four months. To look at him one would imagine he was as healthy a man as one could find ; but the least impairment to general health or over-exertion completely prostrates him.

The case has been examined by many of the most eminent physicians of the States. As urination is under the control of patient, the patient informs us that there is incontinence with full bladder, at the fistula, and a stream can be sent three feet or more through the fistula, at the same time that urine is passed by the urethra. Dr. Hodgen, who, with others, has recently seen the case, diagnoses that the fistula is connected with the urethra and has no direct connection with the bladder.

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Assistant Physician, H. C. DAVIS.

**CASE I.—*Pelvic Abscess, result of a penetrating wound.***

Jas. C—y ; age 42 ; occupation, foundryman. Injured in 1860 ; admitted October 2, 1874.

Patient states that before he was hurt he had always enjoyed good health. In 1860, patient was stabbed with a small-bladed knife ; the wound healed up in a short time and did not trouble him any more until some time in 1863, when an abscess formed at the point of injury. From that time until 1866, abscesses were almost constantly forming and discharging, but they gave him so little pain that he kept on at his work until early in 1874. At this time he first noticed a tumor in the pelvis, and about the same time his bowels became very constipated—and they have been so ever since—cathartics being used all the time as needed. At present (June 23, 1876) bowels are very easy to move, but he requires a cathartic all the time.

In October, 1874, was admitted to the hospital, and the ilium

trephined at the point of the old injury, and a small blade of a knife removed, about an inch and a quarter long ; pus and blood were discharged from the opening.

The tumor has not decreased materially in size, and still continues to discharge a small quantity of pus. Patient otherwise seems in good health and is able to go about the ward on crutches, but stays in bed a good portion of the time.

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**CASE II.—Contusion of Left Hand, followed by sloughing ; Amputation of the Forearm.**

Thos. C.; aged 33; blacksmith, by trade.

Previous to present trouble has generally had good health, once had syphilis, and once the left humerus dislocated and it was a long time before he had any use of it.

April 14th, he fell and hurt his hand and that night he was out all night in the cold. The next day it began to swell, the swelling extended up the arm until the whole limb was involved and twice as large as normal. Was admitted to the hospital April 19th, when the hand had begun to slough, but he refused to have it amputated. Free incisions were made in the skin and a considerable quantity of serum let out. Warm applications were then made for several days, and large doses of quinia given.

April 29th.—The swelling having subsided the forearm was amputated just below the elbow, when all the tissues were found to be infiltrated with pus. Dilute alcohol was applied to the arm for a day or two and then the solution of chlorinated soda used for a day or two, but the alcohol answered best.

Until May 15th, temperature was always about  $100^{\circ}$ , after that it was not taken.

May 18th—Quinia was stopped except eight grains a day. About this time he began to have pains in the shoulder, and a day or two afterwards it was punctured and pus discharged ; it was afterwards opened in two or three places and a great quantity of pus discharged, and continued to discharge for two

weeks, then it began to diminish in quantity and did not cease till the last of June. As the stump healed it was found that so much of the soft parts had sloughed off, that the ulna was left exposed.

June 28th.—The end of the bone was removed. Up to this time the arm had been in a swing, it was then let down on a pillow.

July 3d.—Patient is now doing well, general health is good, the arm is reduced to about the normal size, and the stump is healing.

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**CASE III.—*Amputation of Thigh followed by Pyæmia.***

Pat. H.; aged 16; occupation, teamster. Patient's parents both always been healthy, and his own health has generally been good.

May 3d, his right leg was caught between two cars and crushed, the fracture being compound and extending into the knee-joint. He was brought to the Hospital the same day and placed in a bed next to Thos. C. (Case II). The next day the thigh was amputated at the lower third. For two or three days the patient was stupid and slept a good deal; appetite was very poor; after that he improved a little, but for two or three weeks was in rather poor condition.

May 15th.—An abscess formed on his right elbow and was opened; ordered tr. ferri as a tonic.

May 20.—Had a distinct chill followed by fever, temperature rising to  $103^{\circ}$  F.; ordered quinia every four hours, and in two days the temperature had gone down gradually to normal.

May 24th.—Some signs of an abscess on left ankle but it did not suppurate.

May 30th.—Began to have diarrhoea which continued for three weeks; gave him carbolic acid, nitric acid and other astringents at different times, but none of them seemed to have any effect; it gradually ceased of its own accord.

July 5th.—Patient is now going all around on crutches; his general condition is very good; there is a little exfoliation of the end of the bone which prevents it healing entirely, but it is improving.

Patient discharged.

**CASE IV.—*Lacerated Wound of Left Foot followed by Cellulitis.***

Jas. C—k ; age 30 ; occupation, farmer.

May 9th, was struck by a locomotive and the skin torn from the dorsum of the foot from about two inches above down to the toes, two of the toes being considerably injured. The foot was cleaned and the skin brought into position and a poultice applied. He was placed in the bed next to Thos. C. (Case II.). A day or two afterwards he asked to be moved as he was afraid of being poisoned by being so close to Thos. C. Skin of foot sloughed in two or three days and with two toes was removed.

May 18th.—Foot and ankle were swollen and reddened with considerable heat. Transferred to a small ward. For several days the inflammation continued to extend up the leg but was not at all reddened except at the foot, and that was not marked ; ordered large doses of quinia and iron, salicylic acid, also large quantities of whisky were given day and night.

May 23rd.—Several punctures were made in each side of the leg several of them discharged pus. Poultices were ordered applied to the leg three or four times a day ; mind very dull, seemed to be getting stupid. The next day became delirious and continued so for two or three days, during which time he had to be tied in bed.

May 29th.—Inflammation began to subside and his general condition to improve. Poulticing was kept up for two weeks and large quantities of pus discharged, after this the poultices were replaced by a dressing of carbolized oil. By the last of June patient was able to be out of bed.

July 5th.—The foot has now healed, and his general health is pretty good. He goes about everywhere on crutches, being unable to walk without them on account of the tenderness of the foot.

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Assistant Physician, HENRY S. GARESCHÉ, M. D.

**CASE I.—*Case of Aortic, Mitral, and Tricuspid Insufficiency.***

M. M. ; aged 40 ; by occupation, a laborer ; born in Ireland, was admitted June 19th, 1876, at  $7\frac{1}{2}$  p. m. Owning to patient's low

condition obtained no family history, as he had great difficulty in speaking and it was considered unwise to annoy him with too many questions. He was a stout, well-developed, well-nourished man in appearance.

Previous to the 14th inst. had, as a general rule, been a healthy man, with the exception of dyspnoea noticeable after heavy muscular exercise, and some cough during the months of February, March and April, as result of exposure to cold and dampness. Was never addicted to drinking excessively but took a social glass every now and then. Had never had rheumatism nor any venereal disease. At time of admittance was in intense pain which he referred to the region over the kidneys, and was suffering from very rapid and labored breathing with a short, jerking and incompressible pulse. His feet were œdematosus and had been so for one month previous, while his abdomen was distended with gas. Had been unable to eat anything during past day and a half. Present attack had commenced four or five days previously, with same symptoms as were then shown, but less exaggerated, and ever since had noticed diminution in amount and increase in dark color of urine. Respiration about 60, and pulse 140 per minute.

*Percussion* showed lungs normal and heart very considerably enlarged. *Palpation* revealed intensification of apex beat.

*Auscultation* of lungs discovered puerile respiration on left side with diminished respiratory murmur on the right. Very distinct *bruits* were heard over the mitral, aortic and tricuspid valves, loudest over the last and lowest over the first.

11 A. M.—No improvement noticeable.

June 20th.—Was able to retain a little milk and beef-tea for about an hour; at 4 P. M., small extravasations of blood noticed on both legs and thighs. Seems somewhat improved, the breathing being slightly more natural, and pulse 135.

June 21, 1 A. M.—Had been unable to retain anything for any length of time, but nevertheless seemed somewhat easier, though feverish. Pulse 120, has slept somewhat since last seen.

9 A. M.—Feels much weaker and inclined to sleep. A cold sweat covers the face, and hands are cold and bluish; respiration slower and less forced.

11 A. M.—Pulse 160; hands and feet and one-half of each arm and leg are cold. Vomiting and purging almost without a pause.

1 P. M.—Same as before with the exception of delirium having set in.

Died at 3.30 P. M., June 21st, 1876.

Post-mortem examination twenty-two hours after death.

*External examination.*—Whole body extremely cyanosed, and bloated owing to well-established decomposition. Nothing else of interest noticeable.

*Internal examination.*—Lungs on both sides normal with the exception of old pleuritic adhesions on the right side.

Upon opening the pericardium a slight amount of serum was found. *Heart* very much enlarged and attached by its base to the pericardium. Right ventricle dilated to twice its normal size and its walls proportionately thinned. The ostium was enlarged, preventing a proper closure of the valves which were normal, as also were those guarding the pulmonary orifice. The left ventricle was dilated and its walls hypertrophied, while the mitral valves were much thickened and of a bluish color. Two of the aortic valves presented an eroded appearance, while the third had a small hole in it near the apex from which grew a cockscomb-shaped excrescence one-fourth of an inch in length and about two lines in thickness. The first incision into the abdomen allowed quite a large quantity of gas to escape.

The *peritoneum* was normal. The *intestines* were distended with gas and considerably congested. The *liver* was everywhere adherent to the diaphragm and stomach, and very friable, as proved by the efforts necessary to break up its attachments. It presented the signs of cirrhosis with the exception of its friability and size not corresponding to the length of time it had apparently been progressing. The *stomach* was very much congested and its walls were thickened. *Spleen* was of double ordinary size and of dark blue color. *Kidneys* normal in size, but section showed the pyramids almost obliterated and the pelvis filled with fat.

## ST. JOHN'S HOSPITAL.

M. YARNALL, M. D., Physician.

*Report on the use of Cinchonidia.*

The summer of 1875 will be memorable in the valley of the Mississippi for the malarial diseases which were almost universal, owing to the wet season and rank vegetation. In my capacity as physician to one of the departments of this Hospital, I treated many malarial cases, presenting almost every degree from the mildest to the most severe of malarial poisoning.

My attention was called to the sulphate of cinchonidia by its relative cheapness (the management of St. John's finding it difficult to supply the quinine, where so many were charity patients). I determined to try the efficacy of cinchonidia, and that the trial might be conclusive, I discarded quinine entirely, and in all cases used the former. At first, in the milder cases, about twelve grains each day was given, divided into three doses; in the more severe types, I gave thirty grains a day, and occasionally half as much more divided into three doses, and in no instance did I fail to cure my patients. I use rather larger doses than of quinine, and have thus far discovered no difference in the therapeutic action of the remedies. In the Hospital the nurses deem it equally efficacious.

When a malarial case enters St. John's, with either a chill or a fever, the nurse rarely awaits the Doctor, but gives five to ten grains of cinchonidia, and always with good results.

During the present summer I have continued the use of this drug in the limited number of malarial cases that I have treated, and often prescribe it in private practice. I have thus far had no reason to change my opinion of last year. It might be deemed proper to give detailed descriptions of cases in commending a drug, but no record has been kept. The universal success I have met with, thus far in my hospital practice, with cinchonidia is my excuse for adding my testimony to that of many others. It must be remembered, however, as with quinine, I always give purgatives, when I deem them necessary, in connection with the

cinchonidia treatment, and I also regulate the diet, etc., and as I have sometimes failed with quinine, so I expect to sometimes fail with cinchonidia, but the idea that I desire to suggest is that we have in the sulphate of cinchonidia a remedy, which, if not entirely as efficacious as quinine in malarial diseases, at least approximates it closely, and is certainly very much cheaper. I do not think that those who may use it will have to do it as an experiment, but they may use it as a specific certainly but little inferior to quinine.

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## Reviews and Bibliographical Notices.

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SPIRITUALISM AND ALLIED CAUSES AND CONDITIONS OF NERVOUS DERANGEMENT. By Wm. Hammond, M. D. pp. 366. New York: G. P. Putnam's Sons.

To begin with, the imprint of the Putnams implies a book worth publishing. In the next place, the name of Dr. Hammond is a pledge that the author has something valuable to say. Whoever turns to this book will find the results of much reading, careful observation and personal experience.

It is written not for the profession only, but for the people, at least for all those who are competent to understand any thoughtful treatise. Physicians might in many cases render the highest service to families in their charge, who are dabbling and perplexed with spiritualism, by lending or recommending to them such an honest and straightforward summing up of the matter as we have here.

Oftentimes the best method of refuting an error is to give the history of it; knowledge consist in a right classification of facts. No matter how many facts a man is possessed of; if those facts are out of relation, misinterpreted or unclassified, he is only the

more conspicuously the victim of ignorance or superstition. Our author seems to have worked on this principle. Magnetism, mediums, somnambulism, hysteria, ecstasy, epilepsy, stigmatization, hallucination, mesmerism, sleight-of-hand, in all their varieties, pass under review.

In his preface the author says, "this book is not written in the interest of science against religion. Its aim is altogether different. Indeed there can be no conflict between pure science and pure religion; for the one is truth and the other is faith in the truth. But between science and the distorted fact, the misinterpreted phenomena, the gross and senseless delusions with which individuals have from time to time bedaubed the features of natural religion, warfare is perpetual, and in the contest the position of this little work is not doubtful."

In the last chapter he writes, "I have witnessed many spiritualistic performances, and have never seen a single one which could not be accounted for by the operation of some one or more of the [natural] causes specified."

"Spiritualism is a religion. As such it is held tenaciously and honestly by many well-meaning people. To reason with these would be a waste of words, just as much as would be the attempt to persuade a madman out of his delusion. Emotion or interest or accident might change them, but fact never. But there are some who halt between belief and unbelief, for the reason, mainly, that they have no clear conception of what knowledge is, and of how things are to be proved." For these it seems to us this book, with its wonderful incidents and phenomena, and its sound reasoning, may prove an especial benefit, and we bespeak for it that extensive circulation which it deserves. J. C. L.

MEDICAL AND SURGICAL MEMOIRS. Containing Investigations on the Geographical Distribution, Causes, Nature, Relations and Treatment of Various Diseases, from 1855 to 1876. By Joseph Jones, M. D. Vol. 1. Large 8vo., pp. 820. New Orleans: Printed for the Author, by Clark & Hofeline.

The object (as stated in the preface) of this publication is "to place in an accessible form for the use of students and practi-

tioners of medicine, the results of investigations and researches, which the author has conducted during the past twenty years, and which embrace the eventful period of the American Civil War, 1861-1865."

In many respects this is a remarkable production. Although the pages are large and numerous, the paper being fine and type small, as a volume it contains a wonderful amount of matter in a small space—the mechanical execution of the work reflecting much credit on the publishers. On turning the title page we have the novel dedication to the author's *mother, Mary Jones, and father, Rev. Charles C. Jones, D. D.*

In the *preface* are given letters which passed between the author and the "Surgeon General of the C. S. A.," which prompted the author to prosecute the army investigations of which this volume contains the beginning. The themes of the work are presented in twenty-five chapters, beginning with observations on diseases of the nervous system, assisted by numerous tables of the excitatory system of the true-spinal system, etc. ; a chapter of observations on the natural history of traumatic tetanus, one on the pathological anatomy of traumatic tetanus, one on the relations of tetanus to various nervous diseases, on the relations of traumatic tetanus to climate, experimental illustrations of convulsive diseases, treatment of traumatic tetanus, concluding as follows :

"In the present state of medical knowledge, the highest places must be assigned to the following remedial agents, chloral hydrate, calabar bean, chloroform, sulphuric ether, cannabis indica, tobacco, bromide of potassium and opium."

The next subject considered is cerebro-spinal meningitis in the "C. S. A." One hundred and forty closely printed pages are given to this study giving the various modes of treatment tried, concluding with the following summary :

To husband the strength ;

To combat the tendency to congestion of the brain and spinal cord ;

To mitigate the intense pain ;

To calm the nervous excitement ;

To nourish and support the system, etc.

A chapter on osmosis and the absorption and action of purgatives.

The subject of dropsy is introduced and extensively discussed under the heads of, dropsy arising from alterations of the blood, derangements of the circulatory apparatus, from obstructions to circulation in the liver, and lesions of the kidneys.

The next theme taken up is pneumonia in the “C. S. A.,” its relations to malaria, various theories of cause, and results of treatment; concluding with a chapter on mollites ossium.

In glancing over this herculean work a number of points obnoxious to criticism appear, one of which only we have space to refer to, viz.: Under the head of *cardiac dropsy*, our author mentions incidentally, *digitalis* in connection with a dozen other remedies which are believed to act on the secretory system. Neither the physiological action nor therapeutic value of *digitalis* seems to have been appreciated by our author, not making mention of its use even in cases of hypertrophy with dilatation resulting in dropsy; we had supposed the profession quite at one in the appreciation of this remedy, as beyond all comparison the most valuable under the circumstances cited.

While we fail to discover the evidence of such advanced views of treatment, as to prompt us to refer to this book for help in the treatment of the fatal affections discussed, the work is valuable on account of the vast amount of observations and facts derived, both from the author’s private practice, and his service in the “C. S. A.” service, of which we know but little, thus far, from other sources.

E.

A MANUAL OF THE DISEASES OF THE EYE. By C. Macnamara, F. C. V., Surgeon to the Westminster Hospital. Third Edition. 12mo., pp. 593. Philadelphia: Henry C. Lea, 1876.

Macnamara’s Manual on the Diseases of the Eye undertakes to treat of all the diseases generally given in the larger works. It is divided into sixteen chapters, the first of which, sixteen pages, is occupied with the anatomy of the eye. The work is evidently

intended for the general practitioner, rather than the specialist; yet the principles are correct and the advice is judicious.

In treating of *parenchymatous retinitis*, page 376, he gives some indication of the malarial origin of some cases of this disease. In this we think he is entirely correct, and while the cases are always of a serious nature, it is well to have a correct notion of the source and nature of the cause while attempting a cure. We have seen some of this during the past year.

In chronic granular lids he depends upon sulphate of copper, lead, liquor potassæ, and tannin, in either case, with a view of destroying by stimulation, not by cauterization. Having had opportunity to observe many of the diseases in different climates and latitudes, he is able to appreciate the different phases of the same disease under varied circumstances and to speak advisedly. There are seven plates, six of which are colored, giving a number of illustrations of the ophthalmoscopic appearance of the fundus of the eye in diseases of the retina, etc. We can commend the work to the general practitioner as a safe guide. H. Z. G.

AN ELEMENTARY TREATISE ON DISEASES OF THE SKIN. For the Use of Students and Practitioners. By Henry G. Piffard, A. M., M. D. With Illustrations. 8vo., pp. 375. London and New York: MacMillan & Co., 1876.

We believe it true that a majority of students conceive a dislike for the study of skin diseases, from the beginning of their pupilage in medicine; whether it is from instinctive aversion to the personal impurity indicated by some skin diseases, or from the difficulty of comprehending the subject, as presented by the meagre works and imperfect illustrations usually at their command, it is a fact acknowledged by the great body of the profession; hence a ready apology, if any be needed, is found for the issue of a new work, the author believing himself capable of clearing up or simplifying the subject more successfully than those who have preceded him.

Clinical instruction is indispensable to anything like a thorough comprehension of the subject. The few scattering cases to be seen in the private practice of a preceptor are only calculated to bewilder and confuse the learner, who is thereby induced to defer

the study until he attends lectures ; where he finds his attention divided by a multitude of subjects, all claiming to be first in importance ; between the crowd of students and the limited time allotted to this department, the propitious time for this study is not found. Finally the young physician embarks on his professional career quite ignorant of the whole subject, and having no clinical opportunities, now finds himself confused and uncertain of his diagnosis when a case presents itself.

The remedy for this state of things is not to be expected so much from new books and charts, as from the employment of a special teacher with adequate clinical opportunity for illustration in every medical school. Illustrations are useful to aid the memory of the student, but he needs to *see* the disease at some time, and nothing can compensate for the failure to do so.

Our author modestly disclaims more, in his preface, than to "provide for the student a guide to the study of elementary dermatology, and to afford the practitioner assistance in the recognition and treatment of cutaneous diseases." "The present volume is intended to serve as an introduction to the more elaborate works upon dermatology, and to save the beginner from some of the pitfalls which beset the writer's earlier studies."

The first twenty-four pages are given to anatomy of the skin with numerous illustrations—wood cuts—of the microscopic appearances of the various elements composing the skin.

Then follow chapters on Physiology, Pathology, Symptomatology, Diagnosis and Classification, with a history of the development of classification. Our author prefers to include all skin diseases under two general groups :

First, Comprising those of internal origin.

Second, Those of external origin.

Subdividing all under five heads or groups : I. Diathetic affections ; II. General non-diathetic affections ; III. Reflex affections ; IV. Local affections, and, V. Affections of an uncertain nature.

Under the head of diathetic affections, the syphilides, scrofulides and rhumides are described.

Parties who have neither the money nor time to devote to more

elaborate works on the subject, will be well satisfied with their investment in this work.

McMillan & Co. present a very neat and attractive volume, in cloth, clear type and faultless paper, leaving nothing to be desired on their part. As specialists make slow progress in appropriating this department, the general practitioner is likely to be responsible for the treatment of this class of affections for a long time to come. The simplicity of classification, together with the attractive forcible style of the author, commend the work for reference to the general practitioner. E.

LECTURES ON SYPHILIS, AND ON SOME FORMS OF LOCAL DISEASE AFFECTING PRINCIPALLY THE ORGANS OF GENERATION.  
By Henry Lee, Professor of Surgery at the Royal College of Surgeons of England, etc. Philadelphia: Henry C. Lea.

The principal aim of this work is to call the attention of the profession to certain doctrines promulgated by John Hunter, and entertained by Pearson and others of his day in regard to syphilis, which have either never been learned or have been forgotten and discarded by more modern writers although there is much value and truth in them, and the facts there announced tally far better with the unprejudiced experience of acute observers of the present day than do many of the more modern ideas which have been taught so persistently as to obscure and almost completely destroy the effect of the teaching of the greatest and most original of medical thinkers. Besides this the author has given us valuable lectures upon subjects that are not dwelt upon by most writers of the present day, such as "the inoculability of syphilitic blood in its various forms, the condition under which secretions of primary and secondary syphilitic manifestations may be inoculated *naturally* or *artificially*; the morbid processes produced by such inoculations; \* \* \* primary and secondary syphilitic diseases of the mucous membranes and their liability to communicate constitutional syphilis, etc." The author contends, that in addition to the universally acknowledged fact that the artificial inoculation of primary syphilis produces the same effects as when naturally acquired, and that secondary syphilitic manifestations

are inoculable with similar results, that the secretions from mucous membranes in syphilitic patients are very often the means of communicating syphilis and may sometimes be artificially inoculated. In other words, he contends with Dr. Hammond, Dr. Morgan, of Dublin, and a few other independent thinkers, that there may be such a thing as gonorrhœal syphilis and syphilitic gonorrhœa. This doctrine is directly contrary to the generally accepted opinion of the present day, but there must be some truth in it, for it is an undeniable fact established by experience that in certain rare instances we meet with constitutional syphilitic contamination where no primary or secondary ulcer has ever been noticed by the patient, or been detected by the most critical examination of the physician, and that, too, when the patient was a reliable gentleman and could have no motive in practicing any deception.

Such facts have convinced a number of observers and thinkers that a precedent ulcer is not a *sine qua non* for the introduction of the syphilitic poison into the system, but that the virus may be directly absorbed from a mucous or cutaneous surface, just as many drugs are absorbed by epidermic applications. This idea is entertained by quite a number of reliable authorities of the present day, and Lee is one of them. Having also contended, as Hunter did, that the mucous membrane of the urethra frequently is affected with true syphilitic inflammation, he deduces the doctrine, that many strictures of the urethra are due to the local syphilitic disease of the mucous membrane of the urethra, and says that if 1,000 patients have had gonorrhœa alone, and 1,000 have had gonorrhœa and syphilis both, that strictures will be much more common in the last series than in the first and consequently many cases of stricture which obstinately resist ordinary treatment readily yield to constitutional means. He is also a decided mercurialist, as fortunately are most practitioners of large experience in the treatment of syphilis at the present day, in spite of the strenuous endeavors of many theorists to bring that specific into disrepute. His favorite method of employing mercury is by the *moist mercurial bath*, and his directions in regard to using it are well worth studying. His work then, without claiming

to be anything like a complete treatise upon venereal diseases, is a most admirable one, and written in such an easy style that no one can read it without receiving much pleasure and instruction, and at the same time feeling convinced that Lee is not only an eminent surgeon, but also a conscientious syphilographer, who has formed his ideas from a very extensive personal experience in the treatment of the disease. His reputation is such that anything from his pen may be considered authoritative. J. K.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. von Ziemssen. Vol. XI—Diseases of the Peripheral Cerebro-Spinal Nerves, by Prof. Wilhelm Heinrich, E. R. B., of Heidelberg, Baden. Translated by Mr. Henry Power, London, England. Albert H. Buck, M. D., New York, Editor of American Edition. Large 8vo., pp. 623. New York: Wm. Wood & Co., 27 Great Jones St., 1876.

This goodly volume like the *tenth*, is the work of one author, who while comparatively young had demonstrated his fitness for the task, by a series of publications, remarkable for the light they have shed—by well directed original researches—on various obscure themes, *e. g.*, on pueric acid, its physiological and therapeutic action (1864); on the rise of bodily heat at the moment of death in diseases of the cerebro-spinal system (1865); on developmental history of the red blood-corpuscles (1865); occurrence of trichinae in rats, (1866); galvano-therapeutic communications (1867); peculiar irritative changes in the paralyzed muscles in facial paralysis (1867); on electrotonic appearances in living persons (1867); on the so-called waxy degeneration of transversely striated muscular fibers (1868); cases of nerve and muscle disease (1868); on the pathology and pathological anatomy of peripheral paralysis (1868); on the galvanic treatment of eye and ear diseases (1871), etc.—*Biographical sketch of the Author.* When we reflect how meager our knowledge was of neuro-pathology ten years ago, we shall not fail to appreciate Prof. Heinrich as a pioneer on the “skirmish line.”

Our author includes all diseases of the peripheral cerebro-spinal nerves under two divisions, as heretofore, *functional and*

*anatomical* diseases, and attempts a complete representation of the present state of our knowledge, describing the numerous pathological alterations in the nerves which have been brought to light by inquiries conducted during the last few years. First considering the neuroses of the sensory nerves, the practical acumen and sound reasoning of our author is indicated in the following as rules to exact diagnosis in obscure or difficult cases of neuralgia (page 63) :

“ 1. That a pain is limited to a definite nerve path, either trunk, branch or area of distribution, and that it is usually confined to one side.

“ 2. That the pain is without any obvious reason, either intermitting or at least remitting in character.

“ 3. That the pain presents very peculiar characters, and is extraordinarily acute.

“ 4. That there are certain spots in the course of the nerve, or in the area of its distribution, that are very sensitive to pressure (*points douloureux*).

“ 5. That the pain is unaccompanied by any inflammation or local symptom, or any general disturbance of health, at all corresponding with the amount of subjective disorder.”

“ Also ascertain if the patient suffers from a distinct hereditary or congenital neuropathic diathesis ; or that he has previously suffered from some other neuralgia ; or that exhausting influences augment the severity of the disease ; or that he has been exposed to some well-known and common cause of neuralgia, such as malaria, catching cold, external injury, syphilis, etc.”

In distinction of “ myalgia ” from the various forms of neuralgia ; muscular pains correspond to the position of the muscle, and not to the course of a nerve ; myalgia again is fixed in some definite circumscribed area ; it does not usually occur in paroxysms, and is caused and increased by every contraction of the muscle ; local sensitiveness is only present over the extent of the affected muscles and its tendons.

On the subject of paralysis our author classifies the causes as follows : “ 1. It may arise from destruction or functional incapacity of the motor central apparatus. By the term motor central appar-

atus, we mean those parts of the cerebrum in which volitional impulses are probably converted into motor excitation. 2. Paralysis may result from diminution or abolition of the conductivity of the motor nerves, group of the so-called paralysis of conduction; or 3. Thirdly and lastly, Paralysis may result from abolition of excitability and contractility of the muscles (the myopathic paralysis). All the forms of paralysis are referable to one or the other of these three modes of origin; that is, central paralysis, paralysis of conduction, and paralysis of the muscles."

Much the larger part of this volume is devoted to the functional diseases (neuroses) of the peripheral nerves. This work is not divided into chapters, but each subject is treated in its natural order as to etiology, symptoms and treatment. This work must be regarded by the profession in America as the most exhaustive and reliable exposition of scientific practice. It is invaluable for reference; indeed, the satisfaction of finding a subject *fully discussed* and the present state of knowledge fully set forth, when we have a difficult case in hand, cannot be over-estimated. Any physician in general practice, who enjoys the privilege of referring to these volumes for a few months, would not be debarred the privilege for three times the cost. To the young physician with limited means to appropriate for a library, we do not believe a more useful selection can be made. The translators have given it to us in so clear and forcible English, as to leave little to remind us of the original language. This work completed after the manner it is progressing, will be the trusted mirror of the state of medical science during the active life-period of the present generation of doctors.

E.

LECTURES ON ORTHOPEDIC SURGERY AND DISEASES OF THE JOINTS. Delivered at Bellevue Hospital Medical College during the Winter Session of 1874-1875. By Lewis A. Sayre, M. D., Professor of Orthopedic Surgery, Fractures and Dislocations and Clinical Surgery, in Bellevue Hospital Medical College; Surgeon to Bellevue Hospital; Consulting Surgeon to Charity Hospital; Consulting Surgeon to St. Elizabeth's Hospital; Consulting Surgeon to Northwestern Dispensary; Member of the American Medical Association; Permanent Member of the New York State Medical Society; Fellow of

the New York Academy of Medicine; Member of the New York County Medical Society, of the New York Pathological Society, of the Society of Neurology, of the Medico-Legal Society; Honorary Member of the New Brunswick Medical Society; Honorary Member of the Medical Society of Norway; Knight of the Order of Wasa, by His Majesty the King of Sweden, etc., etc. (?) Illustrated by 274 wood-engravings. One vol., 8vo., pp. x, 476. Cloth, \$5; sheep, \$6. New York: D. Appleton & Co., 1876.

From the time this work was first announced, the profession have been anxiously awaiting its appearance, for the author was known to have novel views and peculiar practice in this branch of surgery, and his extensive experience gave assurance that he would speak from conviction. A careful perusal has not given disappointment, but on the contrary much satisfaction.

In substance it is eminently practical, in diction plain, reminding one of the senior Meigs. Homely, yet forcible, expressions are frequent; speaking of the early symptoms of knee-joint disease (p. 188): The child "feels a little stiff when he first starts off, but goes better when he gets warmed up a little, like a spavined horse." On page 234, he gets "limbered up." Again of extension in the same affection (p. 199): "Some people imagine that this extension means hitching on a pair of horses, and subjecting the patients to a sample of what some of the old-time martyrs endured." In renewing or readjusting an apparatus (p. 207), "never attempt to apply new plaster over the layer of dead epidermis, which will be found if the plaster has been worn for a long time, for you might as well fresco an old sealy wall." "The child drops off to sleep and *instanter* there is a spasmodic contraction," etc. (p. 244).

While this book purports to be a course of lectures, it contains also cases from the note-book and from the hospital record; additionally, articles from medical journals, and society transactions, already given to the profession by the author, are incorporated, thus enhancing the value and completeness of the work. Orthopedic surgery and diseases of the joints are very properly treated of together, for as the former has to do with deformities, so the latter is responsible for the production of a large propor-

tion of them—thus our author has wisely devoted two-thirds of his book to joint troubles. Dr. Sayre's efforts in this field have done much towards redeeming the treatment of deformities from the hands of charlatans and mere instrument makers, and placing orthopedics on a professional and scientific basis. The book is eminently practical; theories, as such, with unproductive speculations, and hypotheses are eschewed, and cases so freely introduced (nearly one-half the book being thus occupied) and so fully illustrated with wood-cuts, that the teachings are markedly clinical.

Just here we might suggest that the cases should have been put in smaller type than the body of the work, and the many spaces on either side of the illustrations filled in with text, thus diminishing the size of the book without impairing its usefulness or beauty. Too much waste paper is allowed in the margins of American works; forms might be larger or the sheets smaller, and thus both bulk and expense diminished.

Dr. Sayre has not given us, as we could sometimes wish, the results of his post-mortem examinations, nor patho-histological appearances, but perhaps we ought not to expect in clinical lectures what would certainly appear in a systematic treatise. For the same reason perhaps it was not necessary to accredit the opinions and practice of others.

In his "introductory," while giving a sketch of American orthopedics, and crediting Rogers, Detmold, Mott and Bigelow, space might well have been found for Bauer and Prince, and others, who have done no mean work in this field.

Five lectures are devoted to the consideration of deformities in general, under the sub-heads—divisions and definitions, causes, prognosis, diagnosis and treatment. To the latter, three of the five lectures are given, which is characteristic of the practicability of the book.

The term *contractured* as applied to muscles is frequently used, it may be original with our author, though we believe Barwell (*Diseases of the Joints*, p. 315) coined it. Dr. Sayre tells us (p. 12), that it is synonymous with what Dr. Little terms "structural shortening," and that by its use he means that the

muscle "has become changed in its anatomical structure, and rendered incapable of elongation." We would the Doctor had told us in what especially this change consists, with the proof thereof, for there are those who believe that passive motion with massage will elongate such muscles. On the same page we are told that there is no secretion of synovial fluid when the joint is not in motion, because there is no waste resulting from the operation of any of Nature's laws. The former statement is true, but the reason assigned questionable. Certainly there is a waste in the prodigality of Nature when she furnishes a thousand pollen to a flower, though not one may ever fructify, or when five hundred zoöspermes are thrown into the vagina yet one only impregnate, the others being lost.

In regard to the necessity for subcutaneous section of contracted tissues, and the place where such division should be made, the following "principle," which the author says he has "established," is given. The parts are placed upon the stretch and "point," pressure made with the end of the finger or thumb upon the part thus made tense; if thereby reflex contractions or spasms are produced, then there exists necessity for division, and the point at which the reflex spasm or pain is excited is the point or place where the operation should be performed (pp. 27, 65, 96, 404). This applies equally to fascias and muscles as to tendons. A most valuable and important law certainly, and so broadly laid down that we wish the reason or explanation of it could have been given. Until established by personal experience, however, we will think there are exceptions to it.

Speaking of tenotomy, Dr. Sayre is not as partial to the operation, or at least does not find so sweeping and so universal application of it now as in his earlier practice; manipulation and elastic extension being often substituted. See for example "club-foot," where he adopts Barwell's idea of artificial rubber muscles, the knife now being seldom evoked, whereas, formerly, it was the rule. One reason of this is the adoption of Barwell's opinion that talipes is paralytic in character rather than spasmodic. He believes too with Adams that the medio-tarsal joint is more at fault than the ankle. Treatment of club-foot should begin early,

not before the third stage is completed (p. 78), but soon after birth, as much is to be lost and nothing gained by delaying efforts at cure.

When and wherever tenotomy is performed, the practice advocated is to immediately bring the parts into the desired position, the exception to this is in ankylosis, where contracted tissues near the joint have been divided, a few days should be allowed for the closure of the external wound lest air be drawn in by the manipulation.

Dr. Sayre believes in massage, not in the name, as it smacks of quackery, but in the principle—shampooing, kneading, friction of parts. “I have employed this plan of treatment for many years, and long before the term “*massage*” was applied to it. It is however sometimes necessary that a method of treatment should go across the water and be baptized with a new name before it becomes popular” (p. 162). Lubricating the parts with any substance that will permit the hand to glide over the surface freely without producing too much irritation of the skin, is advised in knee-joint effusion, the rubbing being continued for twenty or thirty minutes (p. 196). Paralyzed muscles should be lightly whipped with the fingers transversely to their fibres rather than in the direction of, etc. (p. 80). No one individual possesses more remarkable healing power in his hands, or is better able to perform wonderful cures by rubbing, than another—“humbugs,” “pretenders,” “traveling manipulators” (p. 208).

On the use of electricity to restore lost muscular power, the rule given is to approximate the origin and insertion of the muscle to such an extent that it will not be compelled to carry any weight whatever, and maintain it in that position by some artificial support while the battery is being used (p. 100.)

The successful practice of medicine is made up of the knowledge and the application of ten thousand and one little things. Our author appreciates this, and insists that it is the neglect of small points that has been the cause of many failures in the treatment of deformities (p. 83). He teaches this, and thus renders his lectures valuable.

The Doctor boldly and freely opens a *diseased* joint, while he acknowledges the danger of such a procedure when the joint is in its integrity (p. 160).

Strong ground is taken against the constitutional origin of joint disease, and against its constitutional treatment, at least to its supplanting local treatment; many cases regarded as local manifestations of a constitutional cachexia are of purely local origin; and, instead of requiring a prolonged course of general treatment to remove a constitutional cause, require a local treatment to remove a localized source of irritation, and through this the constitutional disturbance (pp. 160, 191, 192).

Bauer very early emphasized the same truth.

Attributing joint disease to extravasation of blood into the bone cells (pp. 181, 188), beneath the articular cartilage, "blood blister" (p. 230), may be correct, but corroborative proof from a few post-mortem examinations after injuries would be valuable. Resting on evidence dogmatic statements are acceptable.

One of the most valuable parts of the work is the space devoted to hip-joint disease. The importance and manner of its early recognition are emphasized. Its old and unnecessary consideration by stages is still adhered to. During the inflammatory state, rest, immobilization and extension are advised, later the splint is applied and the patient gotten up. In very mild cases the short splint of Sayre might answer, otherwise the long splint of Taylor, possibly slightly modified, is the true practice and is adopted by our author. He resorts to tenotomy when the thigh is greatly flexed and adducted; our experience is that the contracted muscles can be overcome by gradual extension. His knife cannot reach the contracted psoas and iliacus, yet he stretches those muscles, then why not the other muscles involved? With the disease far advanced, extensive involvement of the bone by caries, resort is properly had, as advised, to exsection. The operation had been performed by Dr. Sayre in fifty-nine cases, and with excellent results. The operation becomes a last resort, but a very proper one, in cases that have been unwisely treated or neglected. The whole subject is very fully considered.

Among the causes of hip-joint disease given, is rupture of the ligamentum teres (p. 230). How is that known? If that is a cause why do we not always have hip-joint disease following a dislocation, in which surely the round ligament is sadly demoralized?

An interesting chapter is given to diseases simulating hip-joint trouble.

Pott's disease is treated by plaster-of-Paris jacket, extending from the hips up to the axilla, formed by encircling the trunk with successive layers of bandages saturated with plaster, the patient being suspended meanwhile by the arms and head, until it well sets (hardens). The plan is novel, and as far as we know, original, and is efficient at least for cases occurring in the middle and lower dorsal, and lumbar regions.

In lateral curvature of the spine the rotation of the vertebrae is emphasized. Barwell is closely followed in its etiology and treatment; a spinal wire corset, of which we think well, is advised. In the case of an adult Dr. Sayre divided the latissimus dorsi, with, he believes, great benefit. We would remark that in adult cases the bones—vertebrae and ribs—are irremediably altered in shape, and that division of muscles cannot give new or correct form to them.

Ankylosis, both true and false, is fully considered, with many interesting cases.

The complicated machinery, as found in the shops and advised for the treatment of wry-neck, is very justly condemned. He prefers to supply the deficiency in muscular power by elastic force.

An index, peculiar for its paucity, closes this valuable contribution to orthopedics and joint disease. A. J. S.

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**Books and Pamphlets Received.**

ANNUAL REPORT OF THE BOARD OF ST. LOUIS PUBLIC SCHOOLS: for the years 1874-1875.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. von Ziemssen. Vol. XI—Diseases of the Peripheral Cerebro-Spinal Nerves, by Prof. Wilhelm Heinrich Ebr, of Heidelberg, Baden. Translated by Henry Power, of London, England. Albert H. Buck, M. D., editor American edition. New York: Wm. Woods & Co., 27 Great Jones Street, 1876.

A PRACTICAL TREATISE ON DISEASES OF THE EYE. By Robert Brudenell Carter, F. R. C. S. With one hundred and thirty Illustrations. Edited, with additions and test-types, by John Green, M. D. 8vo., pp. viii, 489. Philadelphia: Henry C. Lea, 1876.

(For sale by Gray, Baker & Co.)

LECTURES ON FEVER. By William Stokes, M. D., D. C. L. Oxon, F. R. S. Edited by Prof. John William Moore, M. D., F. Q. C. P. 8vo., pp. 264. Philadelphia: Henry C. Lea, 1876.

(For sale by Gray, Baker & Co.)

ZELL'S ENCYCLOPEDIA. New revised edition, with maps.

The more we see of this practical and universal library, the more strongly are we convinced every one should make strenuous efforts to procure a copy of it. And to accommodate all, we understand arrangements have been made by which responsible persons can order complete bound sets of it and pay \$5.00 per month. Address the General Agent, J. W. Marsh, 722 North Fourth Street, St. Louis.

E.

READY REFERENCE LIST. By Richard J. Dunglinson, M. D. Philadelphia, 1876.

The List is intended to embrace, in a compact form, a variety of matters of general interest to the medical profession, to

which frequent reference must necessarily be made by the practitioner. In view of the possibility of its republication next year, or of its assuming in a new and enlarged form, the character of an annual visitor to the table of the physician, it is suggested that the *Ready Reference List* may also be made a medium of intercommunication between members of the profession. For example, those who are desirous of selling medical works of value, and do not care to expose them to the ruinous risks of auction sales, may be able to find among the thousands of readers of the "List" ready purchasers. Those who may wish to complete files of journals, or to purchase medical works, may here find a desirable medium.

**IN PRESS.**—We have notice that Hurd & Houghton, New York, The Riverside Press, Cambridge, will shortly publish a little work on "The Anatomy of the Head," by Thomas Dwight, M. D., Professor of Anatomy in the medical School of Maine. One of the most important features of the book will be six full-page lithographs of frozen sections of the head, which have been drawn with great care from the original specimens. This is a method of demonstration which has received but little attention as yet from English and American anatomists, and the book, while designed especially for students, will also be of value to the general practitioner.

The same publishers announce the second volume of "Public Health," containing the most important papers presented at the meetings of the American Public Health Association in 1874 and 1875. It will be a handsome octavo volume of 550 pages.

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## Extracts from Current Medical Literature.

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### *Recipe for Curing a Taste for Liquors.*

At the festival of one of our reformatory institutions a gentleman is reported to have said: "I overcame the appetite by a

recipe given to me by old Dr. Hatfield, one of those good old physicians who do not have a percentage from a neighboring druggist. The prescription is simply an orange every morning half an hour before breakfast. 'Take that,' said the Doctor, 'and you will want neither liquor or medicine.' I have done so regularly, and find that liquor has become repulsive. The taste of the orange is in the saliva of my tongue, and it would be as well to mix water and oil as run with my taste.'" The recipe is simple, and has the recommendation that it can do no harm even if it does no good.—*Boston Journal of Chemistry*.

*Whooping Cough.* By Octavius Sturges, M. D., F. R. C. P.

The conclusions of his Clinical Lecture, would be something as follows :

1. Whooping-cough is a nervous disease of immature life, due immediately, like nervous asthma, to a morbid exaltation of sensibility of the bronchial mucous membrane. Although possible in a modified form at all ages, it has its period of special liability and full development simultaneously with that time of life when the nervous system is irritable and the mechanism of respiration diaphragmatic. A child of the proper age with catarrh and cough is thus on the very brink of whooping-cough. A large proportion of such children will develop the disease for themselves upon casual provocation, all contagion and all epidemic influence apart.

2. The whoop of whooping-cough is due to a spasmodic contraction of the diaphragm which follows it, extreme relaxation with the emptying of the lungs by spasmodic cough, the force of the inrush of air being met by a conservative spasm on the part of the glottis.

3. The natural history and relations of whooping-cough—its uneven course, indeterminate duration, method of recovery and cure, frequent absence of pyrexia, and seasons of prevalence—are in striking contrast with diseases of the zymotic class. Admitting the fact of its contagion, the great commonness of the disease and its association with epidemic catarrh, coupled with the popular belief that its source of infection may be indefinitely

remote, are circumstances which must combine to render whooping-cough more contagious in appearance than it is in fact.

4. In its character as a purely nervous disease whooping-cough may very well be contagious like other nervous affections of a quasi-voluntary kind. The assumption of a specific morbid poison is both hypothetical and gratuitous, or so nearly gratuitous that the facts it seems to explain are insufficient to counterbalance its inherent improbability.

5. The non-recurrence of whooping-cough is not, in strictness, analogous to the non-recurrence of contagious fevers, nor out of real harmony with the pattern of nervous disease. It is the rule that affections of this class alter their shape with the successive epochs of life, so that each will appear either solitary or recurrent, according as the time allotted for it is shorter or longer. The after-infancy period to which whooping-cough attaches is one of brief duration and special liabilities. The features of the disease are in strict correspondence with the characteristics of its time of life.

6. The specific remedies for whooping-cough (which have their season and may be said now to include all drugs whatever of any potency) have all of them a certain testimony in their favor. They agree in a single point: whether by their nauseousness, the grievous method of their application, or the disturbance they bring to the child's habit and surroundings, the best vaunted remedies—emetics, sponging of the larynx, ill-flavored inhalation, change of scene, beating with the rod—all are calculated to impress the patient, and find their use accordingly.—*Lancet*

*Treatment of Dysentery.* An abstract from Heubner, in Vol. 1, Ziemssen's Cyclopædia, under the head of *special treatment.*

The patient should stay in bed. The room should be rather warm,  $59^{\circ}$  to  $61^{\circ}$  F., it should be aired thoroughly every day. Chilling of the patient should be carefully avoided. The most scrupulous cleanliness of bed and linen is necessary. The latter should be changed with great care. The anal region should be frequently washed; the bed should be firm and supplied with the

necessary protectors: if possible the patient should have his own bed-pan or night-stool, enema, syringe, etc. All vessels as well as discharges should be disinfected several times a day. The air in the sick-room should in malignant cases be disinfected with chloride of lime or fuming vinegar.

The diet must be regulated mainly according to the state of the stomach and upper part of the intestines. Milk, strong soups, eggs with water, the yolks of eggs, pure beef-juice (uncooked), all hard substances which form a large quantity of faeces must be strictly avoided.

Drinks should be luke warm, spirituous drinks should be entirely avoided. In cases with want of appetite, vomiting, etc., a prescribed diet must be rigidly adhered to. The best way is to drink barley water, thin oat-meal gruel; during convalescence the diet is to be most carefully watched. When the patient begins on solid food he must take only the white meat of fowls, delicate fish, light puddings.

In a child's-hospital at Vienna, I saw light cases of catarrhal dysentery successfully treated with repeated enema of ice water.

It is indicated to keep the inflamed part quite at rest. I would only use opium as a temporary or palliative remedy. If an emetic is prescribed, it should be at the beginning of the disease—from fifteen to thirty grains of ipecac. Of cathartics, castor oil is preferable. The cathartic effect is best in recent cases; in advanced cases it is to be avoided, linseed tea or starch enemas with opium may be used. In the diphtheritic variety, laxatives now and then alternating with anodynies may be useful, with nourishing food, beef tea, meat-juice, eggs, wine, etc.; here spirituous drinks may be of service, punch, beer, wine, soups, etc. Quinine and tonics may be indicated particularly if malarial complication exists.

#### *Treatment of Rheumatism.*

The following *résumé* of 14 cases of acute rheumatism treated in the Boston City Hospital is given in the last number of the *Medical and Surgical Journal* of that city by Dr. Hall Curtis:

1. No effect from salicylic acid.
2. Alkalies for a month ; then acid, eight doses, with relief.
3. Alkalies for twenty days without relief ; acid in one day gave relief.
4. Acid for seven days : patient well.
5. Alkalies two days ; acid seven days with entire relief.
6. Relief after four doses of acid ; this was continued four days. Recovery.
7. Acid three days without relief. Followed by tincture of chloride of iron for fifteen days. Recovery.
8. Alkalies gave relief in four days. Recurrence. Acid given four days with entire relief.
9. Acid three days ; no relief. Alkalies for twelve days. Recovery.
10. Acid seven days with entire relief.
11. Acid refused by stomach. Alkalies during eleven days with relief.
12. Acid for nine days. Complete relief after the first four days.
13. Acid five days with relief. Discharged, well, in seven days.
14. Acid seven days ; complete relief in three days.

Except in one or two instances, the salicylic acid was given in wafers.—*London Lancet.*

#### *Accidents in Hypodermic Injections.*

The Paris *Médical* of the 23rd of March, after referring to the occasional occurrence of very severe pains, and of abscess as a result of hypodermic injections, refers to another, but very infrequent, accident spoken of by Mr. Chouppe. When the canula enters the cavity of a vein the patient is seized, in about twenty-five or thirty seconds, with creepings in the hands ; soon they go through the whole body ; almost at the same time the veins of the neck swell ; the face becomes red ; the arteries beat violently ; the pulse rises to 120, 140, and soon 160. The head becomes giddy ; the patient has profound anguish, it seems to him as if he were going to fall. In about a minute and a half a cold sweat pours off the body. In a few minutes all comes right again, except that the heart sometimes remains excited for hours.

To avoid this accident he recommends that the canula be introduced unattached to the syringe, and that if the practitioner observe that blood flows from it he must either introduce it in a fresh place, or send it on through both walls of the vein, before injecting.—*Canada Journal*.

### *Scraping for Skin Diseases.*

Dr. Edward Wigglesworth, in the *Boston Med. and Surg. Journal*, February 10, 1876, says he has been scraping chronic ulcers, various species of lupus, condylomata epitheliomata, and warts, with good success.

The introduction of this treatment is attributed to Recamier, from whom it was adopted by Nelaton. A cunette is the instrument employed, and its recent employment in skin diseases has been stimulated by the practice of Volkmann, of Halle (after scraping for epithelioma). “From two to three days after the scraping, a thin yellow, apparently diphtheritic membrane appears upon the wound, but it means nothing and results merely from the necrosis of particles of tissue which were crushed during the scraping. In three or four days more this membrane peels off, leaving a granulating, healthy wound. If the scraping has been effectual, the wound heals with a soft, rosy cicatrix; a more elegant result than is obtainable by any caustic.” D. P.

### *Extraction of a Living Insect from the Ear.*

The *Archives Médicales Belges* relates the following case: A little girl three years old put an insect “*bête à bon Dieu*,” into her ear. Sharp cries, agitation, convulsive symptoms ensued; injections of water were made without result. The physician then conceived the idea of asphyxiating the insect by means of chloroform; he dropped four drops of chloroform upon a piece of cotton which he introduced into the ear. Immediately the child ceased crying and complained no further of any disagreeable sensation; the insect had become asphyxiated; an injection of warm water brought it away dead, and no further trouble ensued.—*The Clinic*.

## Medical News.

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### INTERNATIONAL MEDICAL CONGRESS.

The International Medical Congress will be formally opened at Philadelphia, at noon on Monday, September 4, 1876.

The sessions of the Congress and of its Sections will be held in the University of Pennsylvania, Locust and Thirty-Fourth Streets.

The General Meetings will be held daily, from 10 to 1 o'clock. The Sections will meet at 2 o'clock.

Luncheon for members of the Congress will be served daily in the University building from 1 to 2 o'clock.

On Wednesday evening, September 6th, Dr. J. J. Woodward, U. S. A., will address the Congress on the Scientific Work of the Surgeon-General's Bureau.

The Public Dinner of the Congress will be given on Thursday evening, September 7th, at 7 o'clock.

The Registration book will be opened daily from Thursday, August 31st, to Saturday, September 2d, inclusive from 12 to 3 p. m., in the Hall of the College of Physicians, N. E. corner of Thirteenth and Locust Streets, and at the University of Pennsylvania, on Monday, September 4th, from 9 to 12 m., and daily thereafter from 9 to 10 a. m. Credentials must in every case be presented.

Letters addressed to the Members of the Congress, to the care of the College of Physicians, N. E. corner of Locust and Thirteenth Streets, Philadelphia, during the week of meeting, will be delivered at the University of Pennsylvania.

The Secretaries of State and Territorial Medical Societies are requested to forward without delay to the Chairman of the Committee on Credentials, L. Minis Hays, M. D., 1607 Locust St., Philadelphia, lists of their duly accredited delegates to the Congress.

Delegates and visitors intending to attend the Congress are

earnestly requested individually to notify immediately the same Committee.

This information is desired to facilitate registration, and to ensure proper accommodation for the Congress.

Members intending to participate in the Public (subscription) Dinner of the Congress will please notify the Secretary of the Committee on Entertainment, J. Ewing Mears, M. D., 1429 Walnut St., Philadelphia.

*Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the fifteenth of August.*

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#### NORTHEAST MISSOURI MEDICAL SOCIETY.

In pursuance of a request by the Lewis County Medical Society, a number of the physicians of Lewis, Clark, Scotland and Knox counties, met at Fairmont, on June 30th, and proceeded to organize by electing Dr. J. E. Henry Chairman, and R. C. Risk Secretary.

On motion, the chair appointed Drs. Monroe, of Scotland, Stafford, of Knox, W. H. Martin, of Clark, and R. C. Risk, of Lewis, a committee on permanent organization. Committee reported as follows :

For President, Dr. R. S. Christie, of Lewis; First Vice-President, Dr. S. Neeper, of Clark; Second Vice-President, Dr. R. M. Edelon, of Scotland; Third Vice-President, Dr. J. W. Lee, of Knox; for Secretary, Dr. W. C. McReynolds, who were unanimously elected.

On motion, the chair appointed Dr. J. C. Stover, of Clark, W. W. Moore, of Scotland, M. L. Merriwether, of Knox, and Jno. Ford, of Lewis, a committee on constitution and by-laws.

*Resolved*, That all regular physicians of the four counties be recognized as eligible to membership with this Association.

*Resolved*, That we request Drs. J. R. Lucas, of Lewis, W. J. Phelps, of Clark, Monroe, of Scotland, and J. W. Lee, of Knox, to deliver a lecture at the next meeting of the Society.

*Resolved*, That to bring this to the attention of every physi-

cian a copy of the proceedings be furnished to the ST. LOUIS MEDICAL AND SURGICAL JOURNAL and each of the county papers.

Adjourned to meet Tuesday, September 5th, 1876.

J. E. HENRY, M. D., *Chairman.*

R. C. RISK, M. D., *Secretary.*

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#### AMERICAN DERMATOLOGICAL ASSOCIATION.

Physicians who have evinced a special interest in *dermatology*, are hereby notified that a meeting has been called, to be held in the University of Pennsylvania, Philadelphia, on Wednesday, September 6, 1876, at 6 p. m. It is sincerely desired that all interested will be present and aid in the organization, also signify their pleasure to the Secretary at the earliest opportunity.

L. D. BULKLEY, *Secretary*, 1 East 33rd St., New York.

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#### CAUTION.

One M. C. Lockwood is traveling through the Southern States, representing himself as my agent and collecting subscriptions for various Medical Journals on my behalf.

I authorized the said Lockwook to obtain subscribers exclusively for my own journal—"Braithwait's Retrospect." He early violated this agreement with me and I am constantly receiving complaints of this abuse of my name.

In justice to myself you will confer a favor by guarding the medical profession against this imposition.

Very respectfully,

W. A. TOWNSEND.

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#### CHOLERA IN INDIA.

According to Bombay papers received by the last mail, cholera has broken out at the mines at Garawara. There have been many deaths, and all the works have been stopped.—*Medical Examiner.*

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DR. DAVID PRINCE, of Jacksonville, Ills., is at No. 2216 Mt. Vernon St., Philadelphia, until the 15th of September.

## Editorial.

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Our correspondents at Brookfield make some good points in their letter, found elsewhere in this number.

We are glad to have an expression from the profession in all parts of the State on the question of a "State Board," particularly on points in which they may differ with us. It is a valuable suggestion of theirs, for every member of the profession to seek an opportunity to lay before the member-elect to the Legislature from his county, the reasons for the law desired; also a copy of the form published in the JOURNAL (April number), as a basis for action, that it is not the object of the friends of the law to protect any particular school or class of doctors; that all asked or contemplated is to secure to the people reasonable certainty of competence of the physicians hereafter embarking in practice, *i. e.*, intelligence in the positive sciences, in which all medical men agree, and on which medical practice is based. Since the medical diploma is being so generally discredited, it is obvious that teachers in medical schools should not be eligible to appointment on the State Board.

To examine *all*, in practice on the passage of the bill, would involve the creation of many boards, and meet with too much opposition and work hardship in too many cases, to be a success, we fear.

Since it is not to be doubted that there are many men engaged in practice, who entered the profession twenty-five or thirty years ago (when educational advantages were not so universal as at present), but who, by their reading and good common sense, have become what are designated "skillful practitioners," and yet might not be able to pass an examination on anatomy, chemistry, etc., here the law would work hardship both to the doctor and the people he serves. We don't want a law that in its strict observance may disturb any useful man in practice, even at the expense of leaving for a time many frauds and impostors. If we sow only *good*

seed *hereafter*, the tares, being short-lived at best, will soon die out. As to the matter of defining the standard for the examining board to work to, we have supposed it best to leave that to the committee on medical education appointed by the State Medical Association.

We are exultingly told by the school men opposed to a State Board, that no law can be passed that does not recognize homœopaths, eclectics, etc. ; that a few months of "cramming" anatomy, chemistry, physiology and surgery will render the homœopath, eclectic, or hygienist, competent to pass a board composed of "political doctors."

"Cramming" don't help a student much on a *written examination* : and this it is that would seare three-fourths of the incompetent students out of the notion of studying medicine altogether, or at least without a preliminary course in a literary institution, as even an English education can't be crammed into a man in a few months. Again suppose a man did pass the Board, and hang out his shingle next day as a homœopath, cannot he do likewise at Harvard College to-day ; and is that any reflection on its faculty? Is it pretended that an examination in the sciences should prune out moral obliquities or theoretical absurdities, as we may chance to consider them? Have not many of the most noted homœopaths and eclectics graduated at our best medical colleges? Is this conclusive evidence that their faculties are composed of "political doctors?" It would be strange if some "political doctors" were not to be found among the medical faculties that oppose "State Boards."

Finally, who are at head and front of the opposers of this method of testing the qualifications of beginners to practice medicine? A few men, a "corporal's guard," who are interested in certain medical schools opposed to a graded system of instruction, or to preliminary examination. The fact that the opposition comes from this source, is quite sufficient evidence that they are *aware that they graduate men who are not competent to pass a fair examination*, and their rejection would reflect upon the school they emanate from, and deprecate its standing with the profession. No one else will be damaged, while all else are

benefited. All this twaddle about "political doctors" and contemptuous sneers about court's, governor's or senate's incapacity to rise above the lowest politician is too absurd to mislead. This reference to straw-men set up by themselves will hardly convince any one that all men are of necessity straw.

We have only to consider who it is that opposes the appointment of a State Board to be assured of its vital importance to the community and profession. The letter from the New York *Medical Record*, under the head of Correspondence, shows something of the character of the material these schools attempt to make doctors of in so short a time.

Doubtless the men rejected at the Portland School, had only to journey to a school where no questions are asked, to find a hearty welcome awaiting them. Think of an audience composed in part by men who can't spell the word, education, or "name a city on the continent of Europe"—indeed, who don't know the meaning of the word continent—and these men are to learn medicine from learned professors, constantly using the most technical language, adapted to the men who have passed half a dozen years in mental training preparatory to studying the medical profession. And this is not the end; but after a year or two they offer their services to the citizens of the same town, and the man with no claim to confidence is found regularly in a conspicuous pew in the most fashionable church, a member of all the Trades Unions, Odd Fellows, Masons, Sons of Temperance, etc., makes the acquaintance of the professional nurses, and giving a commission to the same for cases obtained, every possible means resorted to for business, presently he is the "successful man." The man of culture has sat in his office until he has shed nearly all his feathers before a chance case comes to reveal his abilities, or he may linger half starved for years and finally fail of practice, surrounded as he is by a dozen illiterate unprincipled schemers.

We can see but one remedy for this diabolical state of things, and that is to require license from a disinterested State Board of Examiners. Talk of "cramming" for an examination, we would like to see a man crammed with a medical education who does

not know where the "Niagara River" is! "Do men gather grapes of thorns, or figs of thistles?"

We gather hope from the increase of interest manifested both by the profession and press, throughout the country. While there may be honest difference of opinion as to the best way of appointing a competent State Board, there is no difference as to the necessity of a careful, thorough examination prior to matriculation and a three years' graded course of study.

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Since the foregoing has been in type we have received a copy of the Medical Law of Texas, in the Philadelphia *Medical Times*, July 22, 1876.

We congratulate the people and profession of that State on the passage of so good a law to regulate the practice of medicine.

The bill provides for the appointment of a "State Board of Examiners," by the *Presiding Judges of the District Court*. All who commence to practice medicine in the State, (regardless of their diplomas), must pay the fee—\$25.00—for examination which includes all branches, except *therapeutics*—hence homœopaths did not oppose the passage of the law. The fine for the violation of the law is from fifty to five hundred dollars, one half to be given to the prosecutor; also it is made the duty of the Grand Jury to inquire into and find bills against any violators of the law.

It does not surprise us that the people of the far West are the *first* to seek the protection of the law, since so many incompetent doctors have been pushed out west the last few years. This is the first law creating a "State Board" that has not been rendered void by some absurd clause. The California law, excusing those who hold diplomas, for instance; such a law would be of no use to us, neither do we believe it will be to them. We doubt not the Texas law will prove a success, a blessing to the people and profession.

E.

## Meteorological Observations.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in the night, the maximum at 3 p. m. The monthly mean of the daily minima and maxima, added and divided by 2, gives a quite reliable mean of the monthly temperature.

### THERMOMETER FAHRENHEIT—JULY, 1876.

Day of Month.	Minimum.	Maximum.	Day of Month.	Minimum.	Maximum.
1	67.0	83.5	18	74.5	92.5
2	67.5	81.0	19	77.5	93.0
3	68.5	91.5	20	78.5	95.5
4	66.5	85.0	21	73.0	89.5
5	67.0	80.0	22	70.5	91.0
6	75.0	91.5	23	68.0	80.0
7	75.0	92.0	24	58.5	75.5
8	75.5	89.5	25	63.0	81.0
9	74.0	89.0	26	64.0	84.5
10	75.0	85.0	27	72.0	89.0
11	76.5	92.0	28	72.0	86.0
12	76.5	86.0	29	68.0	84.0
13	74.0	90.0	30	67.5	85.0
14	74.5	89.0	31	68.5	85.5
15	75.5	89.5			
16	75.5	92.0	Means	71.4	87.2
17	76.0	94.0	Monthly Mean	79.3	

Quantity of rain: 5.25 inches.

## Mortality Report.—City of St. Louis.

FROM JULY 1, 1876, TO JULY 29, 1876, INCLUSIVE.

Cholera Infantum, 100	Syphilis, . . . . .	1	Disease of Spine, . . . . .	1	Bright's Disease, . . . . .	6
" Morbus, . . . . .	4 Inanition, . . . . .	16	Softening of Brain, . . . . .	3	Convulsions, . . . . .	1
Diarrhoea, . . . . .	50 Cancer of Breast, . . . . .	3	Concussion of Brain, . . . . .	5	Metritis (not puer- peral), . . . . .	1
Dysentery, . . . . .	15 " Stomach, . . . . .	1	Tetanus, Idiopathic, . . . . .	5	Deformed, . . . . .	1
Erysipelas, . . . . .	4 " Uterus, . . . . .	4	Sunstroke, . . . . .	5	Deformed, . . . . .	1
Diphtheria, . . . . .	5 " Liver, . . . . .	2	Trismus, Nascent'm, . . . . .	8	Senile Debility, . . . . .	9
Fever, Cerebro Sp'l, 3	Marasmus, . . . . .	10	Dropsy (General), . . . . .	3	Gangrene, Senile, . . . . .	1
" Hectic, . . . . .	1 Noma, . . . . .	1	Dropsy, . . . . .	2	Fracture of Skull, . . . . .	4
" Remittent, . . . . .	2 Rheumatism, . . . . .	1	Pneumonitis, . . . . .	7	Injury, . . . . .	3
" Typhoid, . . . . .	4 Hydrocephalus, . . . . .	11	Bronchitis, . . . . .	4	Drowned, . . . . .	13
" Malaria, . . . . .	3 Pneumitis Pulmonalis, 48	Colic, . . . . .	11			
" Typho. Mal, 1	Tub. Meningitis, . . . . .	20	Enteritis, . . . . .	11	Total Deaths, 531	
" Typhus, . . . . .	3 Malaria, . . . . .	1	Gastro-Enteritis, . . . . .	7	Still Births, . . . . .	32
Measles, . . . . .	1 Appendicitis, Serous, . . . . .	1	Congestion of Liver, . . . . .	2		
Pyrexia, . . . . .	1 Disease of Brain, . . . . .	5	Hepatitis, . . . . .	3	Under five years, 362	
Variolu, . . . . .	1 Congestion of Brain, 24	Hernia Strangulated, 1				
Whooping Cough, 5	Convulsions, Infantile, 42	Dentition, . . . . .	2	Premature Birth, 10		
Scarlatina, . . . . .	2 Paralysis, . . . . .	6	Hæmorrh. of Bowels, 2			

JAS. O'GALLAGHER, M. D., Clerk Board of Health.

# COMPRESSED PILLS.

Manufactured by JOHN WYETH & BRO., Chemists,  
No. 1412 WALNUT STREET, PHILADELPHIA.

These "Compressed Pills," made by dry compression, are free from the coatings that render many other pills objectionable. They are readily soluble or diffusible, and being flat in shape, are more easily swallowed than those in any other form. Owing to the absence of the excipients ordinarily employed in making pills, they are smaller than those made by any other process. They are smooth, glossy, and elegant in appearance, and are made only of the purest materials. Leading physicians have found these Compressed Pills to be reliable and quick in their action. The Pills can be sent by mail to druggists and physicians at an expense of 16c. per pound, or 1c. per ounce, for postage.

	Grains.	Grains.	
ACID ARCEONICI.....	1-20	1-50	
ACID, TANNIC.....	2	5	
ALOES (U. S. P.)	<p>Pulv. Aloes Soc....</p> <p>Pulv. Saponis....</p> <p>Pulv. Aloes Soc....</p> <p>Pulv. Zingib. Jam....</p> <p>Fer. Sulph. Exsic....</p> <p>Ext. Conif....</p>	<p>2</p> <p>2</p> <p>2</p> <p>1</p> <p>1</p> <p>1/2</p>	
ALOES et FERRI	<p>Pulv. Aloes Soc....</p> <p>Myrrh.....</p> <p>(U. S. P.)</p> <p>Croci Stigmata....</p>	<p>2</p> <p>1</p> <p>1</p> <p>1/2</p>	
AMMONIA BROMID.....	5	10	
AMMONIA MURIAT.....	3	5	
ANTI-BILIOUS (Vegetable)	<p>Ext. Colic. Co....</p> <p>Podophyllin....</p>	<p>2 1/2</p> <p>1/4</p>	
ANTI-DYSPEPTIC	<p>Pulv. Ipecac....</p> <p>Mass Hydragr....</p> <p>Ext. Colic. Co....</p> <p>Ext. Nuci Vom....</p> <p>Ext. Colic. Co....</p>	<p>1-10</p> <p>2</p> <p>2</p> <p>1/3</p> <p>2</p>	
APERIENT.	<p>Pulv. Rhei....</p>	<p>1/2</p>	
BISMUTH SUB-NIT.	5	10	
BISM. SUB-NIT.	<p>(Bismuth Sub-Nit.)</p> <p>et PEPSIN.</p>	<p>2 1/2</p> <p>2 1/2</p>	
CALOMEL.	1/4	1 2 3 5	
CATHART. COMP. (U. S. P.)	CATHART. IMPROVED.		
CATHARTIC (Vegetable)	<p>Ext. Colic. Simp....</p> <p>Podophyllin....</p> <p>Pulv. Res. Scan....</p> <p>Pulv. Aloes Soc....</p> <p>Pulv. Carthamomii....</p> <p>Pulv. Saponis....</p>	<p>1/2</p> <p>1/4</p> <p>1/3</p> <p>1/4</p> <p>1-9</p> <p>1/3</p>	
CERII OXALAT.	2	1	
COOK'S.	<p>Aloes.....</p> <p>Caionel....</p> <p>Rhei.....</p> <p>Sapo.....</p>	<p>1</p> <p>1/2</p> <p>1</p> <p>1/2</p>	
COLYCINTH. COMP. (U. S. P.)	DOVER'S POWDER.		
FERRI MET. (Quercine's)	Ipecac and Opii....	2 3 5	
FERRI CARB. PROTO.		1	
FERRI CARB. (Ferri Carb. (Vallet)	QUINILE et Strychnine (Strycnicie)....	3 5	
FERRI LACTAT.		1	
FERRI PYROPHOSPH.		1	
FERRI et QUINILE CITRAT.		2	
FERRI et QUINILE SULPH.	<p>Ferri Met....</p> <p>Quinile Sulph....</p>	<p>1/2</p> <p>1/2</p>	
QUINILE SULPH.	<p>Quinile Sulph....</p> <p>et BISMUTH.</p> <p>et PEPSIN.</p>	<p>1/2</p> <p>5</p> <p>2</p>	
FERRI et QUINILE SULPH.	<p>Ferri Met....</p> <p>Quinile Sulph....</p> <p>et BISMUTH et PEPSIN et</p>	<p>1/2</p> <p>1/2</p> <p>5</p>	
STRYCHNLE.	(Strycnicie)....	1-60	
HOOPER'S.			
HYDRAUG. (U. S. P.)	1 2 3 5		
IDIOPFORM.		1	
IDIOPFORM et FERRI.	<p>Iodofoma....</p> <p>Ferri Carb. (Vallet) 2</p>	<p>1</p> <p>2</p>	
LADY WEBSTER'S.	<p>Pulv. Aloes Soc....</p> <p>Gum. Mastich....</p> <p>(Flor. Rose....)</p>	<p>2</p> <p>2</p> <p>2</p>	
LEPTANDRIN.	<p>Leptandrin....</p> <p>(e. Sacch. Lactis 2 grs.)</p>	<p>1/2 ad 1</p> <p>1</p>	
	SANTONIN.	1	
	SODA AMMON.	<p>Sodii Bi-Carb....</p> <p>Ammon. Carb....</p> <p>Ol. Menth. Pip. gtt....</p>	<p>8</p> <p>1/2</p> <p>1/2</p>
	STRYCHNLE.	<p>Strychnicie....</p> <p>Pulv. Rhei....</p> <p>Pulv. Saponis....</p> <p>Pulv. Rhei....</p>	<p>1-60</p> <p>3</p> <p>1</p> <p>2</p>
	RHEI COMP. (U. S. P.)	<p>Pulv. Aloes Soc....</p> <p>Pulv. Myrra....</p> <p>Ol. Menth. Pip....</p>	<p>1 1/2</p> <p>1</p> <p>1</p>
	STRYCHNLE COMP.	<p>Sodii Bi-Carb....</p> <p>Ammon. Carb....</p> <p>Ol. Menth. Pip. gtt....</p> <p>Strychnicie....</p> <p>Phosphor....</p> <p>Ext. Cannab. Indi....</p> <p>Ferri Carb. (Vallet) 1</p> <p>Aloes....</p> <p>Pil. Hydragr....</p> <p>Podophyllin....</p>	<p>8</p> <p>1/2</p> <p>1/2</p> <p>1-100</p> <p>1-100</p> <p>1-16</p> <p>1</p> <p>2</p> <p>1</p> <p>1</p> <p>1/4</p>
	TRIPLEX.		

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# HARVARD UNIVERSITY.

## MEDICAL DEPARTMENT, BOSTON, MASS.

NINETY-THIRD ANNUAL ANNOUNCEMENT—1876-77

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JOHN B. S. JACKSON, M. D., <i>Professor of Pathological Anatomy.</i>	CHARLES B. PORTER, M. D., <i>Demonstrator of Anatomy, and Instructor in Surgery.</i>
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DAVID W. CHEEVER, M. D., <i>Professor of Clinical Surgery.</i>	WILLIAM B. HILLS, M. D., <i>Instructor in Chemistry.</i>
JAMES C. WHITE, M. D., <i>Professor of Dermatology.</i>	

### OTHER INSTRUCTORS.

GEORGE H. F. MARKOE, *Instructor in Materia Medica.*  
FRANK W. DRAPER, M. D., *Lecturer on Hygiene.*

THE FOLLOWING GENTLEMEN GIVE SPECIAL CLINICAL INSTRUCTIONS:

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JOHN O. GREEN, M. D., and CLARENCE J. BLAKE, M. D., <i>in Oatology.</i>
JAMES R. CHADWICK, M. D., and WILLIAM H. BAKER, M. D., <i>in Diseases of Women.</i>
CHARLES P. PUTNAM, M. D., and JOSEPH P. OLIVER, M. D., <i>in Diseases of Children.</i>
SAMUEL G. WEBBER, M. D., and JAMES J. PUTNAM, M. D., <i>in Diseases of the Nervous System.</i>

The plan of study was radically changed in 1871.\* Instruction is given by lectures, recitations, clinical teaching, and practical exercises, distributed throughout the academic year. This year begins September 28, 1876, and ends on the last Wednesday in June, 1877. It is divided into two equal terms, either of which is more than equivalent to the "Winter Session;" as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

Instead of the customary oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study, a series of written examinations on all the main subjects of medical instruction has been distributed through the whole three years; and every candidate for the degree must pass a satisfactory examination in every one of the principal departments of medical instruction during the period of his study.

### DIVISION OF STUDIES.

*For the First Year.*—Anatomy, Physiology, and General Chemistry.

*For the Second Year.*—Medical Chemistry, Materia Medica, Pathological Anatomy, Clinical Medicine, Surgery, and Clinical Surgery.

\*On and after September 1877, an examination on entrance will be required. For particulars see Catalogue.

*For the Thrid Year.*—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:—

At the end of the first year—Anatomy, Physiology, and General Chemistry.

End of second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

End of third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery.

Examinations are also held before the opening of the School, beginning September 25th.

Students who do not intend to offer themselves for a degree will also be received at any part of the course for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the school.

**REQUIREMENTS FOR A DEGREE.**—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this school, have passed the required examinations, and have presented a thesis.

**COURSE FOR GRADUATES.**—For the purpose of affording to those already Graduates of Medicine additional facilities for pursuing clinical, laboratory, and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches: Histology; Physiology; Medical Chemistry; Pathological Anatomy; Surgery; Auscultation, Percussion, and Laryngoscopy; Ophthalmology; Dermatology; Syphilis; Psychological Medicine; Otology; Electro-therapeutics; Gynaecology; and Obstetrics. Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercises of the Medical School, the use of the laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M. D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

**FEES.**—For Matriculation, \$5. For the Year, \$200. For one term alone, \$120. For Graduation, \$30. For Graduates' Course, the fee for one year is \$200. For one Term, \$120. For single courses, such fees as are specified in the Catalogue. Payment in advance.

Members of any one department of Harvard University have a right to attend lectures and recitations in any other department without paying additional fees.

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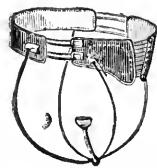
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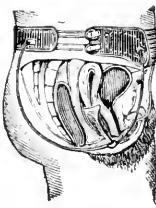
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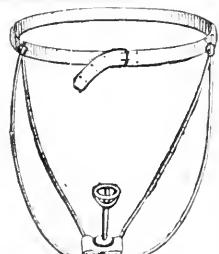
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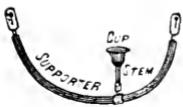
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The READING and RECITATION TERM will commence October 1, 1875, and close at the commencement of the Regular Term.

THE REGULAR TERM will open March 1st, 1876, and close the last week in June following.

THE LONG ISLAND COLLEGE HOSPITAL was the first, in this country, to *unite a Hospital and a Medical School*, for the purpose of securing more thorough *democratic* teaching. The Hospital is under the immediate control of the Regents and Council of the College, and therefore fully available for all purposes of practical instruction.

Over twelve thousand patients are treated annually in this institution—hence the clinical material is ample. Advanced students have *free access to the Wards of the Hospital*. The practical departments are therefore largely taught at the bedside.

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*Trommer Extract of Malt Co.: -- I enclose herewith my analysis of your Extract of Malt:*

Malt Sugar (Glucose), 161; Dextrose, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712, Alkalies, 0.377; Water, 25.7; Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopeia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS, Professor of Analytical and Applied Chemistry.

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410 East Twenty-Sixth St., opposite Bellevue Hospital, New York City.

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ALFRED C. POST, M. D., LL. D., Emeritus Professor of Clinical Surgery; President of the Faculty.

CHARLES A. BUDDE, M. D., Professor Emeritus of Obstetrics, Diseases of women and children.

JOHN C. DRAPER, M. D., LL. D., Professor of Chemistry.

ALFRED L. LOOMIS, M. D., Professor of Pathology and Practice of Medicine.

WILLIAM DARLING, A. M., M. D., F. R. C. S., Professor of Anatomy.

WILLIAM H. THOMSON, M. D., Professor of Materia Medica and Therapeutics.

J. W. S. ARNOLD, M. D., Professor of Physiology.

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CHARLES INSLEE PARDEE, M. D., Professor of Diseases of the Ear; Dean of the Faculty.

FANEUIL P. WEISSE, M. D., Professor of Practical and Surgical Anatomy.

R. A. WITTIAUS, JR., M. D., Associate Professor of Chemistry and Physiology.

J. WILLSTON WRIGHT, M. D., Lecturer on Obstetrics, Diseases of women and children.

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WM. A. HAMMOND, M. D., Professor of Diseases of the Mind and Nervous System.

STEPHEN SMITH, M. D., Professor of Orthopaedic Surgery and Surgical Jurisprudence.

J. W. S. GOULEY, M. D., Professor of Diseases of the Genito-Urinary System.

MONTROSE A. PALLEN, M. D., Professor of Gynaecology.

HENRY G. PIFFARD, M. D., Professor of Dermatology.

**THE PRELIMINARY WINTER SESSION** commences September 13, 1876, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

**THE REGULAR WINTER SESSION** occupies four and a half months—commencing on September 27th and continuing till the middle of February. The system of instruction embraces a thorough Didactic and Clinical Course, the lectures being illustrated by two clinics each day. One of these daily clinics will be held either in Bellevue or the Charity Hospital. The location of the College building affords the greatest facilities for Hospital clinics. It is opposite the gate of the Bellevue Hospital, on Twenty-Sixth street, and in close proximity to the ferry to Charity Hospital on Blackwell's Island, while the Department of Out-Door Medical Charity, and the Hospital Post-mortem Rooms, are across the street. The students of the University Medical College will be furnished with admission tickets to these establishments free of charge. The Professors of the practical chairs are connected with one or both of these Hospitals.

Besides the Hospital clinics, there are eight clinics each week in the College building.

The Faculty desire to call attention particularly to the opportunities for dissection. Subjects are abundant and are furnished free of charge, and the Professor of Anatomy spends several hours each day in demonstration in the dissecting-room.

**THE POST-GRADUATE COURSE** will begin September 27, 1876, and continue during the Regular Winter Session.

#### **FEES FOR THE WINTER COURSE.**

For course of Lectures.....	\$140.00
Matriculation.....	5.00
Demonstrator's fee, (including material for dissection).....	10.00
Graduation Fee.....	30.00

#### **FEES FOR THE SPRING COURSE.**

Students who have attended the Winter Course will be admitted free of charge. Those who have not attended the Winter Course will be required to pay the Matriculation Fee and \$30., and, should they decide to become pupils for the Winter, the \$30 thus paid will be deducted from the price of the Winter tickets.

For the purpose of assisting meritorious individuals, the Faculty will receive a few *beneficiaries*, each of whom will be required to pay \$33 per annum and the Matriculation Fee.

For further particulars and circulars, address the Dean,

PROF. CHAS. INSLEE PARDEE, M. D.,  
University Medical College, 410 East 26th St., New York City.

# MEDICAL DEPARTMENT

—OF THE—

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T. G. RICHARDSON, M. D.,

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SAMUEL M. BEMISS, M. D.,

Professor of the Theory and Practice of Medicine and Clinical Medicine.

STANFORD E. CHAILLE, M. D.,

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SAMUEL LOGAN, M. D.,

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ERNEST S. LEWIS, M. D.,

Professor of General and Clinical Obstetrics and Diseases of Women and Children.

THOMAS J. HEARD, M. D.,

Prof'r of Materia Medica and Therapeutics.

ALBERT B. MILLS,

Demonstrator of Anatomy.

The next annual course of instruction in this Department (now in the forty-third year of its existence) will commence on Monday, the 13th day of November, 1876, and terminate on Saturday, March 11th, 1877. Preliminary Lectures on Clinical Medicine and Surgery will be delivered in the amphitheater of the Charity Hospital, beginning on the 20th of October, without any charge to students.

The means of teaching now at the command of the Faculty are unsurpassed in the United States. Special attention is called to the opportunities presented for

## CLINICAL INSTRUCTION.

The Act establishing the University of Louisiana gives the Professors of the Medical Department the use of the great Charity Hospital as a school of practical instruction.

The Charity Hospital contains nearly 700 beds, and received during the last year, nearly six thousand patients. Its advantages for professional study are unsurpassed by any similar institution in this country. The Medical, Surgical, and Obstetrical Wards are visited by the respective Professors in charge daily, from eight to ten o'clock A. M., at which time all the students are expected to attend, and familiarize themselves *at the bedside of the patients*, with the diagnosis and treatment of all forms of injury and disease.

The regular lectures at the hospital on Clinical Medicine by Professors Bemiss and Joseph Jones; Surgery by Professors Richardson and Logan; Diseases of Women and Children by Professor Lewis; Special Pathological Anatomy by Professor Chaille, will be delivered in the amphitheater on Monday, Wednesday, Thursday and Saturday from 10 to 12 o'clock A. M.

The Administrators of the Hospital elect, annually, *twelve resident students*, who are maintained by the Institution.

## TERMS.

For the Tickets of all the Professors.....	\$140.00
For the Ticket of Practical Anatomy.....	10.00
Matriculation Fee.....	5.00
Graduating Fee.....	30.00

Graduates of other recognized schools may attend all the Lectures upon payment of the Matriculation fee; but they will not be admitted as candidates for the Diploma of the University except upon the terms required of second course students. All fees are payable in advance.

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## One Hundred and Eleventh Annual Session, 1876-77.

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The Lectures of 1876-77 will commence on Monday, October 2d, and end on the last day of February ensuing.

**FEES.**—For one full course, \$140; or, for each professor's ticket separately, \$20. Matriculation Fee (paid once only), \$5. These fees are payable in advance. Graduation Fee, \$30. Letters of inquiry should be addressed to

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# BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

## SESSIONS OF 1876-77.

**The Collegiate Year** in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

**The Preliminary Autumnal Term** for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

**The Regular Session** will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

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JAMES R. WOOD, M. D., LL. D., *Professor of Surgery.* FORDYCE BARKER, M. D., *Professor of Clinical Midwifery and Diseases of Women.*

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LEROY MILTON YALE, M. D., *Lecturer Adjunct upon Orthopedic Surgery.*  
A. A. SMITH, M. D., *Lecturer Adjunct upon Clinical Medicine.*

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

### FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140.00
Matriculation Fee.....	5.00
Demonstrator's Ticket (including material for dissection).....	10.00
Graduation Fee.....	30.00

### FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter).....	\$ 5.00
Recitations, Clinics, and Lectures.....	35.00
Dissection (Ticket good for the following Winter).....	10.00

*Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.*

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

# College of Physicians and Surgeons

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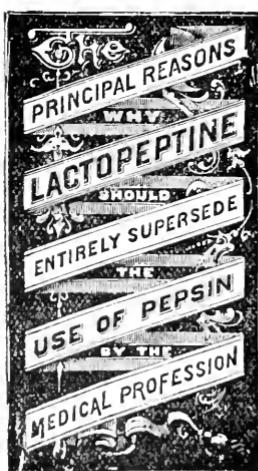


Sugar of Milk,	90 Ounces.	Lrg. Hydrol. or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	2 1/2 Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	2 1/2 fl. "
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NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery and Clinical Surgery, Belevue Hospital Medical College.

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Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

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JOSEPH E. WINTERS, M. D.,

House Physician Belevue Hospital.

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—oo—  
INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON., M. D.

—oo—

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A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children  
Vermont Med. College.

—oo—

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,

BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

*A large proportion of diseases are the result of imperfect digestion.*

*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.*

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

One drachm of *Lactopeptine* dissolved in four fluid drachms of water will emulsionize sixteen ounces of *Cod Liver Oil*.

CHILlicothe, Mo., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—  
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—oo—

INDIANOLA, IOWA, December 11th, 1874.

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—

MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

One drachm of *Lactopeptine* will transform four ounces of *Starch* into *Glucose*.

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatic, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatic emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—  
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE ATLANTA MEDICAL AND SURGICAL JOURNAL, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troches.

*LACTOPEPTINE* is also combined with the following preparations :

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

—oo—

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

—oo—

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARNICK manufacture a full line of Fluid Extracts.

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—oo—

**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—oo—

**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—oo—

**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—oo—

**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—oo—

**FORMULÆ.**

*The following valuable formulae have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>Rx</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Fl. Ex. Taraxacum, . . . . .	—
	Tinct. Zingiber, . . . . .	aa dr. iii.
	Hydrochloric Acid Dilut., . . . . .	dr. i.
	Spts. Lavender Comp, . . . . .	dr. ii.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.

**SIG.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>Rx</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Tinct. Zingiber, . . . . .	dr. iii.
	Spts. Lavender Comp, . . . . .	dr. v.
	Aromatic Sulphuric Acid, . . . . .	dr. i.
	Essence Menth. Pip. or Gaultheria, . . . . .	gtts. x.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

*Private Formulas of Pills or other Preparations made to order.*

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

<b>R</b>	Liquid Laetopeptine, . . . . .	dr. fl. vi.
	Fl. Ex. Cinchona Com., . . . . .	—
	Tinc. Nux. Vomica, . . . . .	aa dr. xi.
	Spts. Lavender Comp., . . . . .	oz. ss.
	Hydrocyanic Acid Dilut., . . . . .	dr. ss.
	Syr. Aromatic Rhubarb, . . . . .	oz. ss.
	Sulphate Quinine, . . . . .	dr. ss.

M. *Dose.*—One tablespoonful with water *ad libitum* at meals (before or after), and *at bed time if required*; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, *in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.*

NO. 4.—FOR CHRONIC DIARRHEA.

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Liq. Opii. Comp. (Squibb's). . . . .	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut., . . . . .	dr. i.
	Syr. Aromatic Rhubarb, . . . . .	dr. ii.
	Pulv. Nit. Bismuth, . . . . .	dr. ss.
	Aqua Camph., . . . . .	oz. ss.

M. *Dose.*—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhoea is apparently checked at that hour, and *this rule*, should be *persisted in* for two or three days, or until the diarrhoeal tendency has been entirely subdued.

—oo—

**PEPSIN—PANCREATINE—DIASTASE.**

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

**COMP. CATHARTIC ELIXIR.**

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

Sulph. Magnesia, 1 dr.
Senna, 2 "
Scammony, 6 grs.
Liquorice, 1 dr.
Ginger, 3 grs.
Coriander, 5 "

With flavoring ingredients.

*Dose.*—Child five years old, one or two teaspoonsfuls; adult, one or two tablespoonsfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

**Strychnia Compound Pill.**

Strychnia, - - -	1-100	grain.
Phosphorus, - - -	1-100	"
Ex. Cannabis Indica,	1-16	"
Ginseng, - - -	1	"
Carb. Iron, - - -	1	"

*Dose*—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

**Hæma, Quinia and Iron Pill.**

Ext. Blood, - - - -	2	grains.
Quinine Sulph., - - -	1	grain.
Sesqui Oxide Iron, - - -	1	"

*Dose*—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

—oo—  
**HÆMA PILLS.**

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

**HÆMA COMP.**

HÆMA (Ext. Blood), 4 grs.

*Dose*.—Two to four.

90 ets. per hundred.

Ext. Blood, 2 grs.

Laeto-Phosphate Lime, 1 gr.

Pepsin, 2 gr.

*Dose*.—One to three.

\$1.50 per hundred.

**HÆMA, QUINIA, IRON AND STRYCHNIA.**

Ext. Blood, 2 grs.

Quinine Sulph., 1 gr.

Sesqui Oxide Iron, 1 gr.

Strychnine, 1-75 gr.

*Dose*.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

—oo—

**LACTOPEPTINE** and most of our leading preparations can be obtained from the principal Druggists of the United States.

—oo—

**SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.**

—oo—

**Price of LACTOPEPTINE by Mail.**

One ounce sent by mail, prepaid, on receipt of . . . . . \$1.00

One pound " " " " " 13.00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

—oo—

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

**REED & CARNICK, Manufacturing Pharmacists,**

**198 FULTON STREET, NEW YORK.**

# E. FOUGERA & CO.'S Medicated Globules.

The form of Globules is by far the most convenient as well as the most elegant form for administering liquid preparations or powders of unpleasant taste or odor. The following varieties are now offered :

**Globules of Ether; Chloroform; Oil of Turpentine; Apiol; Phosphorated Oil, containing 1-60th grain of Phosphorus; Phosphorated Oil, containing 1-30th grain of Phosphorus; Tar; Venice Turpentine; Copaiba; Copaiba & Tar; Oleo-Resin of Cubeb; Balsam of Peru; Oil of Eucalyptus; Cod Liver Oil; Rhubarb; Bi-carb. of Soda, Sulph. Quinia, &c.**

The superiority of these Globules over other forms consists in the ease with which they are taken, and in their ready solubility and hence promptness of action.

They are put up in bottles of 100 each.

For descriptive circulars and samples address,

**E. FOUGERA & CO.,**

**30 North William Street, New York.**



## **BOUDAULT'S PEPSINE,**

**And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.**

Since 1854, when Pepsine was first introduced by Messrs. CORVISART and BOUDAULT, **Boudault's Pepsine** has been the only preparation which has at all times given satisfactory results.

The medals obtained by **Boudault's Pepsine** at the different exhibitions of 1867, 1868, 1872, and recently at the Vienna Exhibition of 1873, are unquestionable proofs of its **excellence**.

In order to give physicians an opportunity to judge for themselves, all Boudault's Pepsine will hereafter be accompanied by a circular giving plain directions for testing it. These tests will enable any one to satisfy himself of the **superiority of Boudault's Pepsine**, which is really the *cheapest*, since its use will not subject physicians and patients alike to disappointment.

**CAUTION.**—In order to guard against imitations each bottle will hereafter be sealed by a red metallic capsule, bearing the stamp of our trade mark, and secured by a band having a fac-simile of the medals, and the signature of Flottot, the manufacturer.

**Is sold in 1 oz., 8 oz., 16 oz., Bottles.**

**E. FOUGERA & CO., New York,**

*GENERAL AGENTS FOR THE U. S.*

# “LA PLATA” Extract of Meat.

Prepared by  
**A. BENITES & CO.,**  
*Buenos Ayres, S. A.*



*None genuine without this*  
TRADE MARK,

“Bullock Reclining.”

This is a pure extract of beef, free from fat and gelatine. Each pound contains the soluble nutritive constituents of 34 to 36 pounds of the finest beef, exclusive of bones or fat, corresponding to about 45 pounds of good butcher's meat. *It will keep unaltered for years in any climate.*

CAUTION.—Persons wishing to use a pure extract of beef, will do well to specify the “LA PLATA,” with above trade-mark, and accept no other.

## DELACRE'S LA “PLATA” Extract of Meat Chocolate,

*Containing in one preparation, and under a most agreeable form, a large proportion of tonic and nutritive principles.*

It is a *pure chocolate*, containing the purest *extract of beef*, and is a most useful tonic and nutritive agent for invalids and convalescents, and for persons of feeble or delicate constitutions.

It contains 3 per cent. of La Plata Extract of Meat, and every square represents the nutritive constituents of  $1\frac{1}{4}$  ounce of fresh beef.

It is used as ordinary chocolate, and is sold in packages, with full directions.

## HEMATOSINE, This new preparation, recently introduced in Europe, may be truly called a PHYSIOLOGICAL REMEDY.

**HEMATOSINE** constitutes the basis of the red globules of the blood, and is the organic substance now known, which is richest in assimilable iron.

In **HEMATOSINE** Iron is presented in the normal state in which it exists in the blood, and hence it is superior to other ferruginous preparations, for it enters into the circulation without undergoing any change. It is therefore received without fatigue by the most delicate and the most sensitive constitutions, which will not bear the ordinary chalybeates.

Hematosine is offered in the form of pills, and is applicable to all cases in which the use of iron is indicated.

It will be found a most efficacious remedy for **Anæmia, Chlorosis, Leucorrhœa, Amænorrhœa, Dysmenorrhœa, General Debility, Slow Convalescence, &c.**

**E. FOUGERA & CO., Importing Pharmacists,**  
General Agents for the United States,  
**No. 30 NORTH WILLIAM STREET, NEW YORK.**

# Grimault & Co.'s Pharmaceutical Products

## Grimault's Guarana,

Prepared from the Paulinia Sorbilis of Brazil. It is a sovereign remedy in Headache, Neuralgia and Diarrhoea.

## Iodised Syrup of Horse-Radish.

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

## Dr. Leras' Phosphate of Iron,

*In solution, Syrup or Sugar Coated Pills.*

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhœa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

## Syrup of Hypophosphite of Lime,

*Dr. Churchill's Prescription.*

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron and of Manganese.

## Digestive Lozenges and Powders of the Alkaline Lactates.

(SODA AND MAGNESIA.)

### Of BURIN DU BUISSON.

The researches of DR. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by MR. BURIN DU BUISSON, the eminent chemist, have established beyond a doubt the *special adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach.* They are more certain and less irritating than calcined Magnesia or preparations having *Charcoal, Bismuth, or bicarb of Soda* for their basis.

## Digestive Lozenges and Powders of the Alkaline Lactates with Pepsine.

These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

## Dusart's Lacto-Phosphate of Lime.

(SYRUP AND WINE.)

**DUSART'S PREPARATIONS OF LACTO-PHOSPHATE OF LIME** present to the physician the **phosphate of lime** in the combination in which it exists in the **stomach**, after it has been acted upon by the gastric fluid. It is, therefore, ready for assimilation, and hence, the Lacto-Phosphate should be preferred to the ordinary bone phosphate, which frequently is insoluble, or nearly so.

DUSART'S Work on the "PHYSIOLOGICAL AND THERAPEUTIC ACTION OF PHOSPHATE OF LIME" will be sent free on application to the Agents.

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EXPENSES.—The necessary collegiate expenses are the yearly Matriculation Fee, \$5, good for a collegiate year, and the fees for the Lectures of the Winter Session (\$20 for the course on each branch, or \$140 for the entire curriculum). A *Graduation Fee* of \$30 is also charged. The graduating course requires three years' study, and attendance upon two courses of lectures on each of the seven branches of the winter curriculum. Remissions and reductions of lecture fees are made to graduates, theological students, and students who have already attended two full courses.

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